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THE INFLUENCE OF SEX ROLE STEREOTYPES ON COPING
WITH DEPRESSION: ARE THERE PERCEPTIONS OF
GENDER APPROPRIATE WAYS TO COPE?

by

Mary M. Pfeiffer

A Dissertation Submitted to the Faculty of the Graduate
School of Loyola University of Chicago in Partial
Fulfillment of the Requirements for the Degree of
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VITA

The author, Mary Margaret Pfeiffer, is the daughter of Raymond Pfeiffer and Ramona (Gilligan) Pfeiffer. She was born June 11, 1954, in Oshkosh, Wisconsin.

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CHAPTER I

INTRODUCTION

Depression is one of the most serious and widespread psychological disorders existing today. It affects up to 22 per cent of the population at any given time, based on symptom scale ratings (Boyd & Weissman, 1981).

Cognitive theorists agree that the way an individual copes with depression is an important mediating factor in the maintenance, severity, and duration of a depressive episode (e.g., Abramson, Seligman, & Teasdale, 1978; Beck, 1976). Women and men have been shown to differ in the ways they attempt to cope with depression (Astor-Dubin & Hammen, 1984; Funabiki, Bologna, Pepping, & Fitzgerald, 1980; Kleinke, Staneski, & Mason, 1982; Padesky & Hammen, 1981). The coping styles of depressed men and of depressed women parallel each gender's sex role stereotype (Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968). The present study is concerned with the origin, nature, and effects of gender differences in coping with depression, and focuses in particular on the role of sex role stereotypes in the origin of these differences.

Before considering the ways in which sex role stereo-

types may affect how women and men cope with depression, several areas of theory and research need to be examined. First, depression will be defined and epidemiological studies which document the greater prevalence of depression among women than among men will be reviewed. Next, cognitive models of depression will be outlined. Finally, the nature of sex role stereotypes and the pervasive effects of sex roles on a variety of areas relevant to depression will be discussed. Within this context the nature and development of coping styles and the effects of sex role stereotypes on coping will be addressed.

CHAPTER II

REVIEW OF RELATED LITERATURE

Depression: Definition and Epidemiology

Depression can be defined as a disturbance of mood, as a series of symptoms, or as a syndrome. The Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (APA,1980) defines a major depressive episode as consisting of the following criteria: 1. A dysphoric mood or loss of interest and pleasure is present and relatively persistent; 2. At least four of the eight symptoms of poor appetite or weight loss, insomnia or increased sleep, psychomotor agitation or retardation, loss of energy and fatigue, loss of interest in usual activities, feelings of worthlessness, diminished concentration, and suicidal ideation are present every day for at least two weeks; 3. There is no evidence of mania, psychosis, organic mental disorder, or normal bereavement. In addition to those listed in DSM-III, symptoms of depression which are common to several popular symptom inventories for depression include crying, feelings of hopelessness and

guilt, and cognitions of self-devaluation (Levitt & Lubin, 1975).

A number of investigators (e.g., Depue & Monroe, 1978) have argued that considerable heterogeneity exists among the depressive disorders and have attempted to delineate subtypes of depression. A distinction between bipolar and unipolar depression is generally accepted by researchers (Depue & Monroe, 1978). Bipolar depression, or manic depression, consists of alternating periods of depression and mania. Unipolar depression consists of episodes of depression with no history of mania. Bipolar and unipolar depression may well represent distinct syndromes, and it is important to note which type of depression is being discussed. The present study is concerned with only the unipolar subtype of depression.

Beck's (1967) description of the syndrome of depression is representative of the cognitive view of depression. Beck views this syndrome as composed of five classes of symptoms. These include affective, cognitive, motivational-behavioral, self-esteem, and vegetative symptoms. Affective symptoms include feelings of unhappiness and sadness. Beck views the cognitive component of depression as a negative cognitive set that inclines depressed people to believe that their actions are doomed to failure. Motivational-behavioral symptoms include passivity and intellectual slowness,

while self-esteem related symptoms include feelings of worthlessness and guilt. Finally, vegetative symptoms include sleep disturbances, changes in appetite, and reduced sexual interest.

Epidemiological studies of depression have consistently found sex differences in the rates of depression. The preponderance of depressed women relative to depressed men has been well documented. Without exception, the rates of depression for women exceeded those for men in every survey cited by Boyd and Weissman (1981). In most studies, depressed women outnumbered depressed men by a ratio of approximately two to one (Weissman & Klerman, 1977). Thirty seven studies of people under treatment for depression in the United States and in other countries consistently found twice as many depressed women as men (Rothblum, 1983).

It has been suggested that the higher rate of depression for women reported in the literature reflects not a true difference in the actual rates of depression, but a sampling bias due to women's greater willingness to seek treatment for their distress. After a comprehensive and critical review of the epidemiological data on depression, Wiessman and Klerman (1977) concluded that the sex difference in rates of depression in Western society is, in fact, real and is not an artifact of sampling bias or differences in help seeking behaviors. In an independent evaluation of

this issue, Abramson and Andrews (1982) reviewed studies which utilized community surveys. Since community surveys collect data on nonpatient populations drawn randomly from the general population, these studies avoid the potential problem of sampling bias. Abramson and Andrews (1982) concluded that women are twice as likely as men to become depressed, lending their support to Wiessman and Klerman's earlier conclusion. They also found that the sex difference in vulnerability to depression exists across most nationalities and ages, including populations of children. Finally, Abramson and Andrews (1982) concluded that females' vulnerability to depression does not represent a general susceptibility to psychopathology, but a particular susceptibility to unipolar depression.

Given the high level of agreement in the literature that women are twice as likely as men to become depressed, it is important to consider the possibility that women have a greater biological susceptibility to depression. In the most complete review to date, Wiessman and Klerman (1977) examined the evidence for genetic transmission of depression and for female endocrine physiological processes as causal factors in depression. Although there is relatively strong evidence for the role of genetic factors in the etiology of bipolar depression (Allen, 1976), Wiessman and Klerman (1977) reported that the evidence for the role of genetic

factors in unipolar depression was inconclusive. The evidence they cited concerning the relationship between depression and female endocrine processes was also inconsistent. There was strong evidence that depression increases during the post partum period, but the evidence concerning premenstrual tension and oral contraceptive use was inconsistent. There was very good evidence that menopause does not result in higher rates of depression. Wiessman and Klerman (1977) concluded that while some portion of the sex difference in depression rates may be explained endocrinologically, this factor is not sufficient to account for the extent of the difference.

Cognitive Models of Depression

Cognitive approaches to the study of depression have become increasingly more popular among investigators, especially within the past decade (Abramson & Andrews, 1982). The two most widely applied cognitive models of depression are the reformulated model of learned helplessness and depression (Abramson, Seligman, & Teasedale, 1978) and Beck's cognitive model of depression (Beck, 1967; Beck, Rush, Shaw, & Emery, 1979). Both models emphasize the importance of maladaptive styles of processing information about the self and interactions with the environment in the

etiology and maintenance of the symptoms of depression. Both models also propose that people who display a particular pattern of causal inference, or attributional style, are especially vulnerable to depression (Abramson & Andrews, 1982).

According to the reformulated model of learned helplessness and depression, depression prone people tend to attribute negative events in their lives to causes that are internal (i.e., due to something about one's self), stable (i.e., not likely to vary or change), and global (i.e., likely to generalize and cause negative events in other contexts). This attributional style is seen as causing depression by leading the individual to conclude that he or she is helpless to escape or avoid negative events. In contrast, nondepressed people tend to attribute negative events in their lives to causes that are external, unstable, and specific. This attributional style is seen as highly inconsistent with depression. Depressed and nondepressed persons have been shown to exhibit these different attributional styles (e.g., Kuiper, 1978; Rizley, 1978; Seligman, Abramson, Semmel, & von Baeyer, 1978).

Beck's (1967) model of depression contains similar themes. Beck emphasized the importance of negative interpretation of experiences, negative view of the self, and negative expectation for the future in depression. He

termed this the primary triad, and held that the activation or emergence of these cognitive patterns "leads to the other phenomena that are associated with the depressive state" (p.255). Beck asserted that depressed people believe that they are deficient, inadequate or unworthy, and that they tend to attribute their negative life experiences to these perceived physical, mental, or moral defects. Thus, Beck also views depressed people as attributing negative experiences to causes that are internal, stable, and global.

In both cognitive models of depression, maladaptive cognitive styles are seen as causal in that they mediate the individual's responses to negative events. People who attribute negative events or experiences to causes that are internal, stable, and global are more likely to experience depression than are people who attribute negative events or experiences to causes that are external, unstable, and specific.

Cognitive theories of depression emphasize the importance of the individual's thoughts and beliefs about himself or herself in the etiology of depression. Among the most powerful and pervasive influences on the way an individual comes to think about himself or herself are the sex role stereotypes which prevail in our culture. Before addressing the ways in which sex role stereotypes may contribute to depression, the nature and development of these stereotypes

will be reviewed.

Overview of Sex Role Stereotypes

Sex role stereotypes have been defined as highly consensual norms and beliefs about the differing characteristics of women and men (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970). Although research on sex role stereotypes has focused largely on traits, any commonly held belief about the characteristics, preferences, or behavioral tendencies of women or men could be considered a sex role stereotype (Rothblum, 1983).

Cross cultural studies of sex roles have investigated whether these consensually held norms and beliefs about femaleness and maleness are determined by inherent biological factors or are based on cultural definitions of sex appropriate behavior. These studies have found great diversity in the roles which cultures assume to be natural for women and for men, and in the extent of the differentiation between the sexes (Weitzman, 1975). The data from cross cultural studies indicate that the contents of any given culture's sex role stereotypes are culturally defined and assigned.

The nature of the sex role stereotypes which are endorsed by our culture have also been investigated. Rosen-

krantz and his colleagues (Rosenkrantz et al., 1968) developed a Stereotype Questionnaire which identified 41 bipolar pairs of traits for which there was at least 70% agreement as to which pole was more characteristic of the average man and which was more characteristic of the average woman. Examples of stereotypically feminine traits identified by Rosenkrantz et al. (1968) are: very passive, very emotional, very dependent, very submissive, very gentle, very quiet, not at all competitive, and not at all self confident. Examples of stereotypically masculine traits are: very independent, very aggressive, not at all emotional, very dominant, very rough, not at all aware of feelings of others, very competitive, and very self confident. The stereotypic traits identified by Rosenkrantz et al. (1968) have been described as clustering around themes of "warmth" and "expressiveness" for the feminine stereotype, and around themes of "competence" and "assertiveness" for the masculine stereotype (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Deaux, 1976).

Rosenkrantz et al. (1968) also obtained subjects' ratings of the social desirability of these stereotypic traits. They found that of the 41 stereotypic traits, the masculine pole was the more socially desirable for 29 of the items. The feminine pole was more desirable for only 12 of the items. Thus, Rosenkrantz et al. (1968) found not only a

high level of agreement as to which traits are characteristic of each sex, but also a difference in how highly each sex's role is valued. The masculine sex role was found to be more socially desirable than the feminine sex role.

More recent work in the area of sex role stereotypes has expanded in scope, moving beyond descriptions of the contents of stereotypes to investigate the structure of stereotypes and the interrelationships among components. For example, Deaux and Lewis (1984) identified four components of gender stereotypes in addition to gender label. These components included traits, role behaviors, occupations, and physical appearance. Although these components were interrelated to some degree, they were found to be separate factors that can vary independently. Deaux and Lewis (1984) also investigated the relative importance of these components within the process of forming judgements about people. Thus, the focus of sex role research has begun to shift toward more complex and interactive models of stereotypes. The content of sex role stereotypes, however, remains basically unchanged from the time of Rosenkrantz et al.'s (1968) description.

The sex role stereotypes which exist in any culture are perpetuated by the presence of the stereotypes in the models of behavior available to children. In a review of

current theories, Weitzman (1975) concluded that although the proposed mechanisms of this perpetuation differ slightly from theory to theory, Mischel and Bandura, Kohlberg, Parsons, and Lynn all agree that children will model themselves after cultural stereotypes. Children learn about sex role stereotypes through the socialization process which is based on modeling and through the differential treatment of boys and girls which begins at birth, or even before (Hoyenga & Hoyenga, 1979). The sex role socialization of children is a pervasive feature of children's experience. Agents of sex role socialization include parents (Goldberg & Lewis, 1972; Moss, 1967), children's books (Key, 1975), television (Levinson, 1975), the educational system (Weitzman, 1975) and peers (Weitzman, 1975).

Contributions of Sex Role Stereotypes to Depression in Women

Numerous researchers have suggested that sex role stereotypes may be the primary cause of the preponderance of depressed women relative to depressed men (e.g., Rothblum, 1983; Chesler, 1972; Howell, 1981; Rosenfield, 1980). Sex role stereotypes can be hypothesized to contribute to depression among women in three ways. First, because of the similarity between the definition and symptoms of depression and the feminine sex role stereotype, it may be more

socially acceptable for women than for men to become depressed. Depression is consistent with the feminine sex role stereotype, but not with the masculine sex role stereotype. Second, sex role stereotypes may result in actual social and economic discrimination against women, and in less valued and more restricted roles for women than for men. Women may be more prone to depression because of the reality of their experiences. Finally, sex role stereotypes may predispose women to the cognitive styles which are considered by cognitive theorists to cause depression. Each of these hypotheses will now be examined in more detail.

The similarity between depressive symptoms and the feminine sex role stereotype has been acknowledged by numerous authors (e.g., Broverman et al., 1970; Busfield, 1982; Chesler, 1972; Howell, 1981; Rothblum, 1983). The main points of similarity between the symptoms of depression and the feminine sex role are dependency, submissiveness, passivity, self-devaluation, indecisiveness, lack of anger, social withdrawal, and the tendency to cry easily. So closely associated are the symptoms of depression and the feminine sex role stereotype that several authors considered them to be utterly confounded. Chesler (1972), for example, described madness, whether in women or in men, as "either the acting out of the devalued female role or the total or partial rejection of one's sex role stereotype" (p.56).

Within this context, she viewed depression as one of the possible labels a woman may receive for fully acting out the feminine sex role. In a similar vein, Busfield (1982) argued that a confounding of feminine characteristics and certain types of mental illness takes place in symptomatology and in theories of etiology. Howell (1981) and Lerner (1981) have also pointed out the confounding of diagnostic labels and sex role stereotypes.

The clinical judgments of mental health professionals have been shown to reflect cultural sex role stereotypes (Broverman et al., 1970). In their classic study, Broverman et al. found that mental health professionals of both sexes showed high levels of agreement as to the attributes of a healthy adult man, a healthy adult woman, and a healthy adult, sex unspecified. The clinicians studied were also shown to hold different concepts of health for men and for women. The clinicians' concepts of a healthy adult man did not differ from their concepts of a healthy adult, sex unspecified. Twenty five of the twenty one male valued items taken from the Stereotype Questionnaire developed earlier by the authors (Rosenkrantz et al., 1968) were considered by the clinicians to be more often healthy for men than for women. Healthy adult men and healthy adults, sex unspecified, were seen by clinicians to be more competitive, more dominant, more independent, more objective, less easily

influenced, less easily hurt, and less emotional than women, among other differences. In contrast, mature, healthy adult women were seen by the clinicians as being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more easily hurt, and more emotional than men, among other differences.

Broverman et al. (1970) found that what clinicians considered to be healthy for females was strongly related to the sex role stereotype that is socially acceptable for females (Rosenkrantz et al., 1968). The same was true for clinicians' concepts of what is healthy for males. The clinicians' concepts of healthy women bore a striking resemblance to descriptions of depression, but the same was not true for clinicians' concepts of healthy men or healthy adults, sex unspecified. These findings provide empirical evidence that femininity and depression may be confounded in judgments of mental health professionals.

Because of the similarity between depression and the feminine sex role, it may seem more natural for women than for men to become depressed. Several authors (e.g., Hammen & Peters, 1977; Funabiki et al., 1980) have suggested that it is more socially acceptable for women than for men to be depressed. This issue was examined directly by Hammen and Peters (1977) who studied differential responses to male and female depressive reactions. In this study, subjects read a

brief description of either a male or a female student who was reacting with either depression, anxiety, or blunted affect to an identical situational stress. After reading the descriptions subjects rated the actor on a measure of severity of disturbance, three measures of personal rejection, four measures of social role functioning, and measures of the suitability of four different help sources. The authors found that in all the ratings of severity of disturbance, personal rejection, and perceived functioning the depressed male was rated more negatively than the depressed female. Differences were significant for three of these eight measures. By comparing the ratings in the depressed condition to ratings in the two other conditions, the authors were able to conclude that emotionality per se was not the crucial determinant of the relatively greater rejection of depressed males. Hammen and Peters (1977) suggested that their findings are due to the incompatibility of the typical male role with the expression of hopeless, helplessness, self deprecation, and passivity that are characteristic of depression.

Two other recent studies (Astor-Dubin & Hammen, 1984; Funabiki et al., 1980) have supported the conclusions of Hammen and Peters (1977). In both these studies, women were found to endorse a wider variety of behaviors and cognitions that they engaged in when depressed than did men. The

authors of both these studies attributed this finding to the greater social acceptability for women than for men to be depressed.

There is strong evidence, then, that it is considered more natural, appropriate, and acceptable for women than for men to be depressed in our culture. Descriptions of femininity and depression are confounded to some degree and interpersonal social contingencies (e.g., personal rejection) function to discourage the expression of depression in men.

Within this cultural context, the second hypothesized pathway by which sex role stereotypes contribute to depression among women may be operating. The issue of actual discrimination against women as a cause of higher rates of depression in women has been most carefully examined in the area of the social roles that are available to women. In general, women's traditional roles are more restricted, less satisfying, and less valued than the roles traditionally available to men (Bart, 1974; Radloff, 1975). Rosenfield (1980) studied depression in families with traditional and nontraditional occupational roles. Traditional families were defined as those in which the wife did not work outside the home, and nontraditional families were defined as those in which the wife did work outside the home. Rosenfield found that in traditional families females were signifi-

cantly more depressed than males, but that in nontraditional families males were significantly more depressed than females. Women in nontraditional families had lower levels of the symptoms of sadness, psychosomatic symptoms, immobilization, and anxiety than did women in traditional families; men in nontraditional families however, had higher levels of these symptoms than did men in traditional families. In nontraditional families, women had lower levels than men on all symptoms except anxiety.

These findings support the earlier conclusion of Radloff (1975) that marriage has traditionally served a protective function for men regarding depression, but has put women at increased risk for depression. Although the roles available to women in our culture are becoming more varied and less restricted, there is evidence that actual discrimination regarding social roles has contributed to depression among women, and that it continues to do so to some degree.

Finally, sex role stereotypes may contribute to depression among women by predisposing them to maladaptive cognitive and attributional styles. Both Beck's (1967) cognitive model of depression and the reformulated model of learned helplessness and depression (Abramson et al., 1978) acknowledge the causal role of attributions. In these models, people who attribute failures or negative events to causes that are internal, stable, and global are more likely

to become depressed than those who attribute failures or negative events to external, unstable, and specific factors.

If sex role stereotypes predispose women to developing the depressive attributional style, it would be expected that more women than men would actually demonstrate this pattern of attributions. Abramson and Andrews (1982) reported that researchers from diverse theoretical orientations including achievement motivation, learned helplessness, sex role stereotypes, personality and attributional styles, and egotism have come to similar conclusions regarding sex differences in attributional styles. Investigators agree that women and girls typically attribute failures to more internal, stable, and global factors than do men and boys. In contrast, men and boys typically attribute successes to more internal, stable and global causes than do women and girls. Abramson and Andrews (1982) summarized the research in attributions as demonstrating that more women than men and more girls than boys exhibit patterns of causal attribution associated with depression.

Deaux and her colleagues (Deaux, 1976; Deaux & Emswiller, 1974; Deaux & Farris, 1977) have proposed an explanation for how sex role stereotypes influence attribution styles. According to Deaux and her colleagues, sex role stereotypes provide a set of expectations about women and men. Women are expected to be warm and expressive, for

example, while men are expected to be competent and assertive (Broverman et al., 1972). Deaux and her colleagues proposed that these expectations influence the causal attributions people make for themselves and others. Since males are expected to be competent their successes are congruent with expectations, and will be attributed to their ability and competence. Men's failures, however, are not congruent with expectations, and will be attributed to external and temporary causes, such as bad luck. These expectations work in the opposite way for females. Since women are seen as less competent, their successes are not congruent with expectations and will be attributed to external and temporary causes. Women's failures are congruent with expectations, and will be attributed to their lack of ability and competence.

Dweck and her associates (Dweck & Bush, 1976; Dweck, Davidson, Nelson & Enna, 1978) conducted a series of studies which examined the development of sex differences in attribution patterns in children. This was a particularly persuasive series of studies in that Dweck and her colleagues systematically demonstrated that girls and boys did exhibit different patterns of attributions, identified the antecedents to these differences in a naturalistic setting, and then experimentally tested these antecedents in a controlled laboratory setting.

First, Dweck and Bush (1976) established that girls more than boys attributed their failures to lack of ability, while boys tended to attribute their failures most often to lack of effort. Dweck et al. (1978) then observed and coded teacher feedback to boys and girls in fourth and fifth grade classrooms. Feedback was coded as either positive or negative and as contingent on either work related or conduct behavior. Work related behavior was also coded as being contingent upon either intellectual aspects of the task (e.g., competence or correctness) or nonintellectual aspects of the task (e.g., neatness, following instructions). The authors found that girls and boys did not differ in the amounts of positive and negative work related feedback they were given. There were, however, striking sex differences in the percentages of feedback given for intellectual competence and for nonintellectual aspects of performance. For boys, over ninety percent of the positive feedback they were given for their work was for intellectual competence; for girls, significantly less of their positive feedback (eighty-one percent) was for intellectual competence. For negative feedback, the differences were more marked. For boys, only fifty percent of work related criticism referred to intellectual inadequacy, and the remaining criticism was for failing to obey the rules of form. In contrast, eighty-nine percent of work related criticism given to girls was specif-

ically addressed to intellectual inadequacy. This pattern of feedback would imply that girls' failures are most often due to their intellectual incompetence, whereas boys' failures are very often due to factors unrelated to intellectual competence. Moreover, teachers made spontaneous attributions for failure to lack of effort significantly more often to boys than to girls.

Next, Dweck et al. (1978) experimentally examined the power of the observed patterns of feedback to determine children's attributions. In a laboratory setting, children were given soluble and insoluble anagram tasks with contingencies for feedback arranged to simulate classroom conditions experienced by girls and by boys. Both boys and girls in the teacher-boy simulation later attributed failures to lack of effort. Both boys and girls in the teacher-girl simulation later attributed failures to lack of ability.

These results provide strong evidence that the pattern of feedback given by adults does indeed influence the patterns of children's attributions. It is very likely that the sex role related expectations described by Deaux and her colleagues (Deaux & Emswiller, 1974; Deaux, 1976; Deaux & Farris, 1977) are a major cause of the differential patterns of feedback given to children by adults.

In summary, there is evidence that sex role stereotypes contribute to the higher rates of depression among

women than among men in three distinct ways. First, a confounding of the definitions of depression and femininity results in depression being considered more natural and more socially acceptable in women than in men. Second, the social roles that have traditionally been available to women are more restricted, less satisfying, and less valued than the roles that have traditionally been available to men. Finally, sex role stereotypes predispose women more than men to develop the cognitive and attributional styles associated with depression.

Coping with Depression: What is effective?

Just as sex role stereotypes contribute to depression among women, these stereotypes may also play a major role in how women and men cope with depression. The determinants of coping styles in depression are important to consider because all coping strategies may not be equally effective. Research in the area of coping with depression is a relatively recent development and has tended to focus mainly on questions of how depressed people attempt to cope (e.g., Coyne, Aldwin, & Lazarus, 1981; Kleinke et al., 1982). To date, there has not been an empirical demonstration that certain coping styles are more or less effective in reducing the symptoms of depression than others.

Cognitive theories would suggest, however, that certain coping strategies might be more effective than others. For example, according to Beck's (1967) model of cognitive therapy for depression, it is important to correct the patient's chronic, distorted negative beliefs about him or herself and the world. Interventions are aimed at helping the depressed person to recognize his or her capacities for mastery, independence, and self-esteem. Extending Beck's model of treatment for depression to coping, it would appear that coping styles utilizing productive activity and enhancing independence and self-esteem would be more effective in reducing depression than would those styles utilizing heightened dependency and self blame.

In a similar way, the assumed cause of depression in the reformulated model of learned helplessness and depression (Abramson et al., 1978) can be extended to predict effective coping strategies. Since depression is assumed to be caused by internal, stable, and global attributions for failures, coping styles which discourage self blame and promote external attributions for negative events would appear to be highly incompatible with the maintenance of depression. Coping styles which utilize self blame, however, would be expected to maintain or even worsen depression.

Both cognitive models of depression considered here would predict that some coping strategies would be effective

and others would not, and the models would make very similar predictions as to which coping strategies would be effective. Studies which have examined the coping styles used in depression have found that sex differences in coping styles exist, and that these differences parallel prevailing sex role stereotypes. Women and men may learn to cope in ways that are consistent with sex role expectations, but these coping styles are not necessarily the most effective or helpful strategies for reducing the symptoms of depression. Both the masculine and the feminine coping style, which are discussed below, contain strategies that are consistent with sex role stereotypes but are inconsistent with alleviating depression. It will be argued that the feminine coping style is the less effective overall within the context of cognitive theories of depression.

Sex Differences in Coping With Depression

Studies of coping with depression have consistently reported sex differences in the range of coping strategies employed and in the nature of these strategies. The conclusions these studies have drawn about the ways each gender typically copes with depression are generally in agreement.

Funabiki et al. (1980) were the first investigators to report sex differences in coping with depression. They

studied a large, mostly non depressed sample of college students of both sexes. They also identified depressed subsamples of males and females within the larger sample. Subjects identified as depressed were those scoring 10 or greater on the Beck Depression Inventory (BDI) (Beck, Ward, Mendelsohn, Mock, & Erlbaugh, 1961), following Beck's recommended criterion for identifying persons who are mildly depressed. Subjects completed one of two different inventories. Each inventory consisted of 104 empirically derived items describing cognitions and behaviors students in a pilot study had reported engaging in when feeling depressed.

The average BDI score for females completing the first inventory was significantly higher (more depressed) than the average BDI score for males completing this inventory. For subjects completing the second inventory, BDI scores for females and for males did not differ significantly. For both depressed subsamples, there were no sex differences in BDI scores.

Within the large sample, Funabiki et al. found that women reported that they would engage in more self-deprecation, increased food intake, and seeking of personal support than did men. These differences were also found in the depressed subsample, and in addition, depressed men reported that they would engage in more cognitions and behaviors reflecting self-preoccupation than did depressed women.

Within the depressed subsample, men and women also differed in the types of adaptive responses they endorsed. Women tended to endorse items that were cognitive and passive in nature (e.g., "I tell myself to stop being depressed" and "I try talking myself out of sadness"). Men however, tended to endorse items that were behavioral and active (e.g., "I get away and do something I enjoy" and "I try to do something new"). Finally, Funabiki et al. (1980) found that women endorsed a greater variety of behaviors and cognitions than did men, which they interpreted as support for the idea that it is more socially acceptable for women than for men to be depressed.

In another study of sex differences in coping with depression, Padesky and Hammen (1981) examined attitudes toward help seeking in depression and reports of actual help seeking behaviors. Subjects were college students who completed the BDI and a questionnaire including questions on the experience of depression, attitudes toward seeking help for depression, and actual experiences with three help sources. Using a five-point scale of severity of depression, subjects rated their current level of depression, and the levels of depression they would need to experience before they would seek help from a friend, from a therapist, from a physician, and from anyone other than themselves. Subjects were given the option of rejecting any of these

help sources altogether, even with severe depression. Following these questions on help seeking attitudes, subjects were asked whether or not they had ever actually sought help from a friend, a therapist, or a physician in the past, and if so, how depressed they were at the time.

Padesky and Hammen (1981) found no differences in males' and females' personal appraisals of or willingness to report depressed mood. There were, however, sex differences in help seeking attitudes. Two help sources (therapist and physician) were rejected by men significantly more often than by women. There were no differences in rates of rejection for the other two help sources, but men reported that they would need to be significantly more depressed than did women before they would actually seek help. Men's attitudes toward help seeking, then, indicate that they would be less likely to seek help for depression than would women.

Subjects' reports of actual help seeking behaviors were consistent with these attitudes. Padesky and Hammen (1981) found that women reported having talked to a friend and having sought therapy for depression more frequently than men. There were no sex differences in reports of having gone to a physician for help with depression.

Kleinke et al. (1982) found sex differences in coping patterns similar to those reported by Funabiki et al. (1980). Subject groups in this study were two large, mostly

nondepressed groups of college students drawn from separate geographical areas, and a single subsample of depressed students taken from the two large groups. Kleinke et al. (1982) used BDI scores of 13 or greater to identify depressed students. Coping was assessed using a Depression Coping Questionnaire (DCQ) developed by the authors to represent the coping behaviors identified in previous studies of coping. Each DCQ item described a behavior or cognition and each item was scored on a seven-point scale, with verbal labels ranging from "never" to "almost always". Subjects were asked to report what they did when they were depressed.

There were no differences in BDI scores between males and females for either of the large groups. BDI scores for the depressed subsample were significantly higher than scores for the large samples. Data on sex differences in BDI scores were not reported for the depressed subsample. Within both large samples, females were significantly more likely than males to report crying, increased eating, smoking cigarettes, becoming irritable, and confronting their feelings when depressed. Males were more likely than females to report becoming aggressive, engaging in sexual behavior, and ignoring the problem when depressed. Males were also less likely than females to report turning to a close friend and talking with other people about their depression.

The patterns of coping responses reported by females and males in the depressed subsample were very similar to those reported in the large samples. Kleinke et al. found that depressed females were more likely to report crying, eating, smoking cigarettes, drinking tea or coffee, and blaming themselves. Depressed males were more likely to report becoming aggressive, meditating or relaxing, smoking marijuana, going for a walk, engaging in sexual behavior, spending time alone, and ignoring the problem.

Kleinke et al. (1982) interpreted their results as consistent with those reported by Funabiki et al. (1980) and Padesky and Hammen (1981). They summarized the male coping pattern as one in which depressed males engage in social withdrawal and focus on their physical symptoms by using drugs. They found that males also tended to ignore their feelings. They described the female coping pattern as one in which depressed females blame themselves, act out through increased consumption of food and cigarettes, and seek personal support.

These coping styles are highly consistent with the sex role stereotypes in our culture (Broverman et al., 1972). The male coping style reflects the stereotypically masculine traits of being unemotional, independent, aggressive, and unaware of feelings. The female coping style reflects the stereotypically feminine traits of being very emotional,


passive, dependent, not at all self confident, and very aware of feelings.

Kleinke et al. (1982) also investigated which coping responses may be most effective for each gender, by determining which coping responses were most highly predictive of low BDI scores for males and for females. They found that male students with the lowest levels of depression reported behaviorally passive responses such as finding humor in the situation and confronting their feelings. Female students with the lowest levels of depression, however, reported more behaviorally active responses, such as going for walks and working out a plan. These findings suggest that both males and females would benefit from incorporating certain effective strategies from the opposite gender's coping style into their own styles. What is actually found in reports of coping, however, is that the coping styles of depressed males and females parallel prevailing sex role stereotypes.

The most recent study of sex differences in coping with depression was conducted by Astor-Dubin and Hammen (1984). Subjects were college students who reported having had at least one recent stressful life event which they rated as extremely upsetting. Subjects were administered the BDI and a brief, nine item coping questionnaire which the authors had constructed to represent the most common examples of behavioral and cognitive coping responses

reported in a pilot study. The authors found that women more frequently reported behavioral responses than did men, but that men and women did not differ in the frequency with which they reported cognitive responses.

Astor-Dubin and Hammen's (1984) finding of more frequent behavioral coping responses in women is inconsistent with the results of previous research in this area (e.g., Funabiki et al., 1980; Kleinke et al., 1982). Two methodological limitations of Astor-Dubin and Hammen's (1984) investigation may have contributed to the discrepancy of their results. First, although the authors discuss their results within the context of depression, subjects were selected not on the basis of level of depression, but on the basis of having had a recent stressful life event. It seems likely that coping with stressful life events was being investigated, rather than coping with depression. BDI scores were not reported, so there is no way to assess the applicability of these results to depression. Second, the categories utilized to classify specific coping responses (behavioral and cognitive) are constructed by the authors in manner so broad as to severely limit their descriptive power. The authors' description of the behavioral category indicates that it included items for "physical and nonphysical, social and solitary activities" (p. 87). Since previous studies (e.g., Funabiki et al., 1980; Kleinke et al., 1982)



have consistently reported sex differences on the dimension of social versus solitary coping, combining these into a single category was likely to have obscured any meaningful sex difference. The behavioral category also seems to have heavily represented more typically feminine help seeking behaviors and to have underrepresented more typically masculine avoidant behaviors. The authors' description of the cognitive category indicates that it reflected the primarily masculine strategies of avoidance and intellectualized detachment, and that it did not reflect the most common cognitive strategy used by women, i.e., self blame (Funabiki et al., 1980; Kleinke et al., 1982). The categories used by Astor-Dubin and Hammen (1984), then, seem to be constructed with a bias toward items previously found to be feminine-related in the behavioral category, and with a bias toward items previously found to be masculine-related in the cognitive category. A more detailed analysis of these categories is not possible since the authors did not report the nine items used in their questionnaire. The bias in the content of the behavioral and cognitive categories, however, could well account for the discrepancy between Astor-Dubin and Hammen's (1984) results and the results of previous research.

One methodological limitation shared by all these studies of sex differences in coping with depression is

their reliance on self report measures of coping behaviors. Self report measures are susceptible to several potential biases, such as experimenter demand and the tendency to present oneself in accordance with what is socially desirable. Social desirability may have been a factor in these studies, especially regarding the items that are most inconsistent with sex role stereotypes (e.g., men may have underreported crying, women may have underreported becoming aggressive). Additional studies utilizing more objective observational measures of coping with depression would be extremely useful in providing some assurance that the coping behaviors reported by men and women are the coping behaviors they actually use. This methodological limitation is shared by most of the current research on coping, and several authors (e.g., Lazarus & Folkman, 1984) are recommending that future research needs to utilize more direct observations of coping in naturalistic settings. For the present, studies of coping which rely on self report measures need to be interpreted with some caution.

In summary, there is agreement in the literature that sex differences in coping with depression do exist, and that the coping style of each gender parallels the sex role stereotype for that gender. The masculine coping style utilizes denial of emotional distress, a focus on physical symptoms, avoidance, use of alcohol or drugs, self reliance, and

active behavioral attempts to engage in new or enjoyable activities. This style is highly consistent with the masculine sex role stereotype (Broverman et al., 1972) which emphasizes being unemotional, independent, active, and unaware of feelings. Elements of this coping style that are effective within a cognitive framework include a focus on external factors (e.g., focus on physical symptoms, avoidance), active attempts to seek positive experiences (e.g., engage in new and enjoyable activities), and an emphasis on autonomy and competence (e.g., self reliance). Elements of this style that are not effective within a cognitive framework include the tendency to avoid confronting or expressing depressive affects and cognitions, and the tendency not to seek therapy for depression. The feminine coping style utilizes self blame and self deprecation, a focus on emotional distress, crying, increased oral consumption (food, cigarettes, coffee or tea), and a strong tendency to seek help from others. This style is highly consistent with the feminine sex role stereotype (Broverman et al., 1972) which includes being very emotional, passive, dependent, not at all self confident, and very aware of feelings. Elements of the feminine style that are effective within a cognitive framework are the tendency to confront depressive affects and cognitions, and the willingness to seek therapy for depression. Elements of this style that are not effective

within a cognitive framework include self blame, self deprecation, increased dependency and decreased competence (e.g., tendency to seek help from others) and passivity regarding one's life situation (e.g., increased oral consumption, infrequency of active behavioral attempts to seek positive experiences). Overall, the feminine coping style may be seen as less effective in reducing the symptoms of depression within the framework of cognitive theory than is the masculine coping style. Both styles are highly consistent with sex role stereotypes, and both styles contain some elements that are not helpful in reducing depression.

Before addressing the development of these different styles of coping with depression, it is necessary to consider what is known about coping in general, and about how coping styles may develop. The current status of coping theory and research will be reviewed in three sections. First, traditional approaches to coping will be described and critiqued. Second, the transactional model of coping proposed by Lazarus (Coyne & Lazarus, 1980; Lazarus and Folkman, 1984) will be presented. Finally, the influence of social and cultural factors on coping will be considered within the context of Lazarus' transactional model of coping.

Overview of Traditional Approaches to Coping

In their discussion of the traditional approaches to coping, Lazarus and Folkman (1984) noted that there is little coherence in coping theory or research, or even in what is meant by the term "coping". This is due in part, they noted, to the use of the concept of coping within two very different bodies of research literature. The first of these is the tradition of animal experimentation and the other is psychoanalytic ego psychology.

Within the animal model, coping is often defined as behaviors that control aversive environmental conditions, with the effect of lowering psycho-physiological disturbance. The central theme of this model is the unidimensional concept of drive or arousal, and research focuses mainly on avoidance and escape behavior. Because of this emphasis and the limitations which are inherent in this model's definition of coping, Lazarus and Folkman (1984) consider the animal model of coping "simplistic and lacking in the cognitive-emotional richness and complexity that is an integral part of human functioning" (p.118).

The psychoanalytical ego psychology model gives primary emphasis to cognitive processes rather than behaviors. In this model coping is defined as realistic and flexible thoughts and acts which reduce stress by solving problems. This model differentiates among a number of processes, hier-

archically ordered, that people use in dealing with the environment. Coping is one such process and is considered to be the most highly developed and most mature process. Defenses are considered to be less mature processes which refer to neurotic modes of adaptation. At the bottom of the hierarchy are the processes referred to as fragmentation, regression, or psychotic-level ego functioning.

Lazarus and Folkman (1984) identified four major problems with traditional approaches which limit their usefulness in the study of coping. First, the psychoanalytic ego psychology model tends to emphasize coping traits. When applied in research and measurement, this model has generally been limited to classifying people according to ego structures which presumably operate as stable dispositions to cope in a particular way over the life course. For example, the classifications of people as repressors, sensitizers, and deniers have often been used. The drawback to such an approach has been that the assessment of coping traits has had only very modest predictive value with respect to actual coping behaviors, and has proved insufficient to explain the antecedent and consequent correlates of coping. Second, the traditional approaches often do not distinguish between coping and automated adaptive behavior. If this distinction is not made, virtually all adaptive behavior is coping; for conceptual clarity it is necessary to view cop-

ing as involving effort. Third, both traditional models equate coping with adaptational success, resulting in a confounding of the process of coping with the outcome of coping. This conceptual system is inappropriate to the study of the relationship between coping behaviors and outcome. Definitions of coping must include efforts to manage stressful demands, regardless of outcome. Finally, these approaches reflect Western values in viewing mastery over the environment as the coping ideal. Problem solving and effective action are seen as inherently better or more useful than some other coping behaviors. Some problems in living, however, are not amenable to mastery (e.g., aging and disease, natural disasters) and coping processes that are used to tolerate, minimize, accept, or ignore such difficulties are just as important to overall adaptive functioning as are mastery skills.

The Coping Process: A Transactional Perspective

In his most recent formulation of the process of coping, Lazarus defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). This process approach to coping has three

main features. First, it is concerned with observations of actual coping behaviors rather than with what people normally do or feel they should do. Second, actual coping behaviors are examined within a specific context, with contextual demands considered an important factor in coping. Third, it assumes there will be changes in coping behaviors as a stressful encounter unfolds, so that a person may rely more heavily on one form of coping at certain times and on other forms of coping at other times, as the status of the person-environment relationship changes.

The dynamics and changes in the coping process are a function of continuous appraisals and reappraisals of the shifting person-environment relationship. Appraisal processes are central to this model. In this system, cognitive appraisal is seen as the process of categorizing an encounter or event with respect to its significance for one's well being; it is largely evaluative, focusing on meaning and significance.

Lazarus distinguishes between primary appraisal and secondary appraisal. Primary appraisal refers to the process of evaluating the significance of an encounter for one's well being, answering the question "Am I okay or in trouble?". Three forms of primary appraisal can be distinguished. An encounter is appraised as irrelevant when it carries no implication for well being; it is appraised as

benign - positive when the expected outcome of the encounter is construed as preserving or enhancing well being; and it is appraised as stressful when it is construed as containing the features of harm/loss, threat, or challenge. Harm/loss refers to damage already sustained. Threat concerns anticipated harms or losses which have not yet occurred. Challenge appraisals focus on the potential for gain or growth inherent in an encounter rather than on the potential for harm or loss; they involve a judgment that the demands of a transaction can be met and overcome. These three types of primary appraisals are not mutually exclusive categories, but often occur simultaneously in some combination. For example, harm/loss is usually fused with threat because of the implications for the future inherent in harm/loss, and many events (e.g., a job promotion) are appraised as both a challenge and a threat.

Secondary appraisal refers to the person's ongoing judgments concerning coping resources, options, and constraints. These processes are highly complex, involving the simultaneous and sequential evaluations of personal and social resources that can be mobilized, the adequacy of alternative coping strategies, the likelihood that a given coping option will accomplish what it is supposed to, the likelihood that one will be able to apply a particular strategy effectively, and ongoing feedback from coping

efforts as they are made.

In addition to primary and secondary appraisals, this model also includes the concept of reappraisals. A reappraisal is simply an appraisal that follows an earlier appraisal in the same encounter and modifies it. This feedback process can take one of two forms. The first involves new information or insights about the changing person-environment relationship and its significance for well being. The other is called defensive reappraisal. It involves reinterpreting past or present harms or threats more positively in order to reduce distress, and is actually a form of cognitive coping as well.

Appraisals, then, play a central role in the coping process. In this transactional model the person-environment relationship is constantly changing and shifting. Shifts may be due to coping efforts that were directed at changing the environment or to coping efforts directed inward that change the meaning of an encounter, or they may be the result of changes in the environment that are independent of the person and his or her coping activity. Any shift in the person-environment relationship, regardless of its source, will lead to a reevaluation of what is happening, its significance, and what can be done. Reappraisals, in turn, influence subsequent coping efforts. The coping process is continually mediated by cognitive reappraisals.

The function of coping is another important component of this model. Lazarus differentiates between coping that is directed at managing or altering the problem which is causing distress and coping that is directed at regulating emotional response to the problem. The former is referred to as problem focused coping and the latter as emotion focused coping. Problem focused forms of coping are more likely to occur when harmful, threatening, or challenging environmental conditions are evaluated as amenable to change. Emotion focused forms of coping, however, are more likely to occur when there has been an appraisal that nothing can be done to modify such conditions.

As with the different appraisal processes, emotion and problem focused forms of coping often occur concurrently, especially when the coping period is extremely brief. In addition, the two forms of coping can facilitate or impede each other in the overall coping process. Within each of these coping functions specific coping behaviors can take a number of forms. Although no complete classification system for specific coping behaviors exists, Lazarus, Averill, and Opton(1974) offered three broad classes of coping responses: behavioral, cognitive, and intrapsychic.

The final features of the Lazarus model to be considered here are the concepts of coping resources and of constraints against utilizing coping resources. Coping

resources exist on many levels of abstraction and may be properties of the person or of the environment. Lazarus and Folkman (1984) offered the following categories, which they admit do not constitute an exhaustive list: health and energy, positive beliefs, problem solving skills, social skills, social support, and material resources. In general, when these resources are available to a person they will be used when necessary to cope with stressful encounters. On some occasions, however, resources may be available and adequate but the person does not use them to their fullest because to do so might create additional distress or conflict. The factors which restrict the use of available resources are referred to as constraints, and they may arise from personal factors or environmental factors. Personal constraints refer to "internalized cultural values and beliefs that proscribe certain types of action or feeling, and psychological deficits that are a product of the person's unique development" (Lazarus & Folkman, 1984, p. 165). Environmental constraints are those which restrict or eliminate the coping options available to a person, over which the person has little or no objective control. Although Lazarus and Folkman (1984) note that constraints can at times facilitate coping, it is the concept of personal constraints which limit or restrict coping that will be of interest in the examination of the development of masculine

and feminine coping styles in depression.

The Influence of Society on Coping

Within Lazarus' model of coping social structures and norms can affect coping through three major pathways. First, society directly influences the availability of many types of coping resources by providing a body of solutions to environmental demands and by providing formal and informal preparatory institutions for the development of coping-related skills (Mechanic, 1974). These influences are only minimally useful in understanding how society affects coping, for they are quite distant from an individual's actual experience and perceptions. Second, and closer to individual experience, social norms, values, and beliefs are internalized by individuals and may act as constraints against utilizing coping resources. Sex role stereotypes, for example, serve as norms that determine the appropriateness of certain behaviors and feelings differentially for each gender. To the extent that an individual has internalized these sex role stereotypes, he or she will experience a personal constraint against utilizing coping resources which are culturally defined as inappropriate for that gender.

Third, and closest of all the pathways to an individual's experience in the coping process, social norms and val-

ues affect the way the environment responds to actual coping behaviors. Environmental response to a coping effort, whether on an institutional or interpersonal level, will tend to reflect the social values and norms. Using sex role stereotypes once again as an example, an individual who for any reason utilizes a coping response that is socially defined as inappropriate for that person's gender is likely to receive feedback of disapproval from others.

Within Lazarus' framework this third pathway for social influence on coping falls under the rubric of secondary appraisals. One of the factors that is constantly being evaluated in the coping process is the impact of one's coping efforts on the environment. Feedback from the environment about coping efforts influences subsequent coping.

The approval of others and social acceptance are powerful motivational factors in behavior, and adherence to social norms generally enhances an individual's social acceptance. It has been shown that deviations from sex role appropriate behavior adversely affects how much one is liked by others (Costrich, Feinstein, & Kidder, 1975; Lao, Upchurch, Corwin, & Grossnickle, 1975). It seems quite plausible that such negative interpersonal consequences for sex role deviations would also be given for coping behaviors that are inconsistent with sex role stereotypes. If it can be shown that negative interpersonal consequences are given

for gender-inconsistent coping efforts, it would provide support for the hypothesis that sex role stereotypes play a causal role in the development of the masculine and feminine coping styles that are observed in depression.

Focus of the Present Study

The present study will investigate whether or not negative interpersonal consequences result when a depressed individual makes coping efforts that are inconsistent with his or her gender's stereotype. Of course, if society influences coping with depression via sex role stereotypes, it would also be expected to influence coping in all contexts, not just in depression. There is evidence that sex differences in coping do exist across a number of broad contexts. Pearlin and Schooler (1978) conducted a large scale community survey study of coping behaviors of adults in a variety of life-strain contexts. They found "a pronounced imbalance between the sexes in their possession and use of effective mechanisms. Men more often possess psychological attributes or employ responses that inhibit stressful outcomes of life-problems; and in two of the three instances where women more often employ a response it is likely to result not in less stress, but in more" (Pearlin & Schooler, 1975, p. 15).

It is valuable to focus on the influence of sex role stereotypes on coping within the narrow context of depression for several reasons. First, a narrow focus in coping research is valuable in that it allows for a more detailed examination of specific contextual factors which influence the coping process (Lazarus, Averill, & Opton, 1974). Next, because depression is such a widespread and serious psychological disorder, specific information on how people come to cope either effectively or ineffectively with depression will have great clinical relevance. In addition, depression is a problem in which sex role stereotypes are heavily implicated in etiology. Because sex role stereotypes seem to be particularly important in the experience of depression, as opposed to many other kinds of problems, they may also be particularly important in coping with depression.

Hypotheses

The present study investigates whether gender-inconsistent coping efforts elicit negative responses from the environment in the form of negative interpersonal consequences. The responses of others to a depressed person attempting to cope with his or her depression in either a gender-inconsistent or a gender-consistent manner will be measured through subjects' ratings of the depressed person

on a number of dimensions. Based on the research findings addressed above, five specific predictions are made:

1. It is hypothesized that gender-inconsistent coping will elicit ratings of poorer adjustment than will gender-consistent coping.
2. It is hypothesized that gender-inconsistent coping will elicit ratings of more personal rejection than will gender-consistent coping.
3. It is hypothesized that gender-inconsistent coping will elicit ratings of greater impairment in social role functioning than will gender-consistent coping.
4. It is hypothesized that gender-inconsistent coping will elicit ratings of poorer prognosis than will gender-consistent coping.
5. It is hypothesized that subjects with more strongly sex-typed attitudes regarding sex roles will give more negative ratings in all four areas (adjustment, personal rejection, role functioning, and prognosis) for gender-inconsistent coping than will subjects with less strongly sex-typed attitudes.

CHAPTER III

METHOD

Subjects

One hundred fifty-two undergraduate students enrolled in psychology courses served as subjects. Subjects volunteered to participate in the study in exchange for course credit. Subjects were randomly assigned to experimental conditions and participated in small groups of no more than 12 subjects per group.

Marerials

Written descriptions of script actors. Four brief descriptions of a student experiencing emotional stress and the student's attempts to cope were developed (see Appendix A). The descriptions were identical in length and background information about the student's experience of emotional stress. They differed only in the sex of the student

described and in the descriptions of the coping attempts made by the student. Two of the descriptions depicted a student attempting to cope in a masculine coping style and two in a feminine coping style. Within each coping style, one student was described as female and one as male. In all the descriptions, the actor was identified by a single initial ("M.") in order to avoid any effects of differential responses to certain names.

The descriptions of masculine and feminine coping styles were based on the results of Funabiki et al. (1980), Kleinke et al. (1982), and Padesky & Hammen (1982), in which sex differences in coping attempts in depression were found.

Examples of the descriptions of the male actors are given below. The descriptions of the female actors are identical except for the use of feminine pronouns which are indicated in parantheses wherever they occur. The description of the masculine coping style follows:

M. is an 18 year old freshman in college. In high school he (she) was a good student, was well adjusted, and got along well with classmates. However, a couple of problems have developed since M. started college. He (She) is finding the course work quite a bit more difficult than he (she) had expected, and lately it seems like the woman (man) M. has dated since high school has lost interest in their relationship.

For the past few weeks M. has been feeling down. He (She) is miserable about the way things have been going and he (she) sometimes feels that things will never get any better. M. can't enjoy going out with friends or on a date because these gloomy feelings are impossible to shake. He (she) has been trying to keep up with schoolwork, but is

falling further and further behind; most of the time he (she) gives up on schoolwork because of feeling so discouraged and pessimistic. A friend invited M. to have lunch the other day, but since he (she) hasn't felt like eating lately and really has no appetite at all, M. declined the invitation. Often M. feels like there's no point in getting up in the morning, and in fact he (she) has been staying in bed longer and longer every morning. It seems like he (she) doesn't have any energy left for anything.

Since the problems M. has been having for the past few weeks have not gone away on their own, he (she) has recently tried a number of ways to deal with these feelings. He (She) feels that the stress of the current situation is mainly to blame for these feelings, and so M. decided to get away for a while and do some new and enjoyable things. He (She) is also making an effort to go out and get together socially with groups of friends, but is determined not to bring down the mood of others by discussing problems and bad feelings. He (She) does not feel it would be right to cry about these problems, even in private. M. feels that it will be best to handle these problems alone, by "toughing it out", keeping busy and active, and not dwelling on negative thoughts and feelings. In summary, M. feels that these problems are mainly due to current stress and he (she) thinks they are best handled alone, not by crying about things, but by getting away for a while and keeping busy.

The description of the feminine coping style differs from the description of the masculine coping style only in the last paragraph of the description. The description of the feminine coping style follows:

Since the problems M. has been having for the past few weeks have not gone away on their own, he (she) has recently tried a number of ways to deal with these feelings. He (She) feels to blame for feeling this way and so focuses on thoughts such as "Stop being depressed" and has tried to talk himself (herself) out of being sad. He (She) has been writing in a journal to express his (her) personal feelings and he (she) does not hesitate

to "have a good cry". M. has also talked about these problems with a few close friends, and is thinking of going to a counselor as well. M. has been turning to a few close friends for help and support in dealing with these negative and depressing thoughts and feelings. He (She) feels that it will be best to talk these problems over with someone else, rather than trying to "tough it out" alone. In summary, M. feels responsible for these feelings, but he (she) thinks that leaning on others for help and support is the best way to handle these problems.

Two checks on the validity of the descriptions were made in pilot studies. First, ten psychology graduate students unaware of the hypotheses of the study read the descriptions and selected the best descriptive term for the actor's emotional state from a list of three provided (anxious, depressed, or flat affect/detached). This check was to insure the the descriptions accurately depicted a depressed person. All graduate student judges agreed that the best descriptive term for the student was depressed. Next, undergraduate student judges of both sexes, also unaware of the hypotheses of the study, read a description of one of the two coping styles in which the actor's sex was not specified. They were asked to judge whether the actor was more likely to be a male or a female, based on the coping attempts described. This check was to insure that the gender specificity of the coping styles as described is a valid and meaningful variable. Subjects in the pilot study (N=44) correctly assigned the actor's sex (relative to the

gender of coping style) significantly more often than chance ($\chi^2=4.55$, $df=1$; $p<.05$).

Questionnaire. A 27 item questionnaire was developed to assess subjects' reactions to the script actor in each condition (see Appendix B). Twenty five of these items asked subjects to rate the actor on a nine-point scale, with verbal labels provided for each end point and the mid-point of each scale. The nine-point scales consisted of six items designed to measure the severity of disturbance (e.g., "How would you rate the degree of M.'s emotional distress?"), seven items designed to measure personal acceptance or rejection (e.g., "How willing would you be to meet M.?"), three items designed to measure social role functioning (e.g., "How well do you think M. is functioning as a student?"), and two items designed to measure prognosis (e.g., "How effective do you think M.'s attempts to deal with these problems will be?"). In addition, nine-point scales were used for two items designed to measure the appropriateness of the actor's coping attempts and five semantic differential items which asked subjects to rate the actor's coping along the dimensions of useful-useless, strong-weak, masculine-feminine, cold-warm, and active-passive. Subjects' ratings of the appropriateness and characteristics (semantic differential items) of the actor's coping were obtained as manipulation checks on the

descriptions. Nine-point scale items were worded so that the most negative ratings were on one pole for some of the items and on the other pole for others. The remaining two items on the questionnaire were open ended. One was an additional measure of prognosis, and asked subjects to estimate how many months it would take the actor to get over his or her problems. The other was an additional measure of the perceived appropriateness of coping strategies, and asked subjects to list any additional ways of dealing with the problems that they thought would be helpful for the actor to try.

Personal Attributes Questionnaire. A brief, twenty-four item version of the Personal Attributes Questionnaire (PAQ; Spence & Helmreich, 1978) was used to assess the strength of subjects' sex-typed attitudes towards women and men. The PAQ was chosen because it is one of the most widely used self report measures of masculinity and femininity (Gilbert, 1981). It has also been successfully adapted to measure attitudes about the masculinity and femininity of others as well. For example, Eagly and Steffen (1984) adapted selected PAQ items to a five-point scale used to measure subjects' beliefs about the stereotypic attributes of a stimulus person presented in a brief written description. Similarly, Deaux and Lewis (1984) selected eight masculine and eight feminine PAQ traits and adapted them to a

one hundred point scale to assess subjects' estimates of the probability that a stimulus person possessed the stereotypic trait. The PAQ is therefore an appropriate instrument to measure subjects' attitudes about the characteristics men and women should possess.

The original version of the PAQ (Spence, Helmreich, & Strapp, 1974) contains fifty-five bipolar items drawn mainly from the pool of stereotypic items compiled by Rosenkrantz and his colleagues (1968). The PAQ is made up of items describing characteristics that are not only commonly believed to differentiate the sexes but on which men and women tend to report themselves as differing (Spence et al., 1974). Items on the PAQ are divided into three separate scales: Masculinity, Femininity, and Masculinity-Femininity. Masculine items are defined as those characteristics that are socially desirable in both sexes but are commonly believed to occur to a greater degree in males. Feminine items are those characteristics that are socially desirable in both sexes but are believed to occur to a greater degree in females. For items assigned to the Masculinity-Femininity scale, the characteristic described was socially desirable for one sex but not for the other. Respondents are asked to rate themselves on each of the bipolar items on a five-point scale and separate scores are determined for each individual on each of the three scales.

For the brief form of the PAQ (Spence & Helmreich, 1978) eight items were chosen from each of the original scales, primarily on the basis of the magnitude of the part-whole correlation between each item and the scale to which it belonged. Spence and Helmreich (1978) reported correlations between full scale scores and brief scale scores of .93, .93, and .91 for the Masculinity, Femininity, and Masculinity-Femininity scales, respectively. The authors also reported Cronbach alphas of .85, .82, and .78 for the brief Masculinity, Femininity, and Masculinity-Femininity scales, respectively. Spence and Helmreich (1978) concluded that the twenty-four item form of the PAQ is satisfactorily reliable.

Procedure

The study utilized a 2 X 2 X 2 design, with levels of subject sex, script actor sex, and gender type of coping style. Male and female subjects were assigned randomly to the four experimental conditions (male actor/masculine coping; male actor/feminine coping; female actor/masculine coping; female actor/feminine coping).

Subjects were told that the study was concerned with attitudes toward a student who was experiencing emotional stress. After completing each phase of the experiment, sub-

jects were instructed to wait until everyone was finished, so that instructions for each phase were given to the entire group simultaneously. First they read a brief description of the student and then responded to a questionnaire which asked about their reactions to the student. Subjects were instructed to respond as a fellow student and not as they imagined a mental health professional would respond. Following completion of the questionnaire, subjects were given instructions for the Personal Attributes Questionnaire (PAQ), (Spence & Helmreich, 1978) which had been modified to measure subjects' concepts of the "ideal woman" and the "ideal man", rather than their self concepts. Subjects were initially instructed to complete the PAQ for either the ideal man or the ideal woman; following completion of the first PAQ form, subjects were instructed to complete the PAQ for the sex opposite to the one they had completed first. The order of presentation was counterbalanced, so that half the subjects completed the PAQ for the ideal man first, and half for the ideal woman first. Modified versions of the PAQ and accompanying instructions are included in Appendix C.

CHAPTER IV

RESULTS

Two by two by two analyses of variance were performed on subjects' ratings on all dependent variables (questionnaire items) in order to test the first four hypotheses of the study. These analyses used subject's sex, script actor's sex, and gender type of coping style as the independent variables. With the analysis of variance, the appropriate test of each of the first four hypotheses is the interaction of actor's sex and coping style. This interaction defines the four experimental conditions, two of which described gender-consistent coping and two of which described gender-inconsistent coping. When this interaction was significant, follow up analyses were performed using F-tests in cellwise comparisons of means.

Preliminary Analyses

A manipulation check was performed on the perceived masculinity and femininity of the two coping styles. A 2 x 2 x 2 analysis of variance with subject's sex, script actor's sex, and coping style as independent variables was performed on subjects' ratings of how masculine the script actor's coping efforts were. Ratings were done on a nine-point scale, with higher scores representing more masculine coping. The coping of male actors ($M=6.25$, $SD=1.66$) was seen as more masculine than the coping of female actors ($M=4.46$, $SD=1.87$) regardless of actual coping style used, $F=42.26$, $p<.001$. However, the coping of script actors using the masculine style ($M=5.94$, $SD=1.95$) was seen as more masculine than the coping of script actors using the feminine coping style ($M=4.76$, $SD=1.84$), $F=18.78$, $p<.001$. Thus, despite the effect of the script actor's sex, subjects did differentiate between the masculine and feminine coping styles to a significant degree.

Hypothesis 1

The first hypothesis predicted that gender-inconsistent coping would elicit ratings of poorer adjustment than would gender-consistent coping. Dependent variables used to test this hypothesis were six individual questionnaire items

measuring the script actor's emotional adjustment on nine-point scales, with higher scores indicating poorer adjustment. An additional dependent variable used was an overall measure of adjustment, computed by summing all the scores from the six individual items. The overall measure of adjustment was found to be a scale with satisfactory internal consistency (Chronbach's $\alpha = .74$).

The interaction of actor's sex and coping style was significant for the overall measure of adjustment, $F(1,144)=7.35$, $p<.01$, and for two of the six individual items (Table 1). The two individual items that were significant were how likely it was that the script actor would "shape up" on his or her own, $F(1,144)=9.47$, $p<.01$, and how much the script actor was in need of hospitalization, $F(1,144)=8.48$, $p<.01$.

For the overall measure of adjustment, follow-up comparison of cell means indicated that males coping with the feminine coping style were seen as having significantly poorer adjustment than actors in each of the other three groups. Males using feminine coping ($M=34.4$, $SD=5.7$) were seen as more poorly adjusted than males using masculine coping ($M=30.6$, $SD=6.08$), $F(1,144)=8.55$, $p<.01$, as more poorly adjusted than females using feminine coping ($M=30.0$, $SD=4.96$), $F(1,144)=11.9$, $p<.01$, and as more poorly adjusted than females using masculine coping ($M=31.1$, $SD=6.18$),

Table 1

Significant Anova Interactions Testing Hypothesis 1: Gender-inconsistent coping will elicit ratings of poorer adjustment than will gender-consistent coping

| Item Content | Gender- consistent coping | | Gender- inconsistent coping | | F |
|-------------------|---------------------------------|-----------------------------|-----------------------------------|------------------------------|--------|
| | Male actor Masc. coping | Female actor Fem. coping | Male actor Fem. coping | Female actor Masc. coping | |
| Shape up Alone | 5.2 ^a | 5.2 ^a | 6.4 ^b | 5.6 ^{a,b} | 9.47** |
| Needs Hospital | 1.4 ^a | 1.5 ^a | 2.1 ^b | 1.9 ^{a,b} | 8.48** |
| Overall | 30.6 ^a | 30.0 ^a | 34.4 ^b | 31.1 ^a | 8.55** |

** $p < .01$

Note: For each variable, means which share superscripts do not differ significantly

Note: higher scores indicate poorer adjustment.

$F(1,144)=6.19$, $p<.05$. There were no other significant differences among the groups.

For the two individual items that were significant, there was a similar pattern of results, except that in each case males using feminine coping were not seen as more disturbed than females using masculine coping. On the item measuring the script actor's ability to "shape up" alone, male actors using feminine coping ($M=6.4$, $SD=1.59$) were seen as more disturbed than male actors using masculine coping ($M=5.2$, $SD=1.62$), $F(1,144)=10.87$, $p<.01$, and as more disturbed than female actors using feminine coping ($M=5.2$, $SD=1.90$), $F(1,144)=10.04$, $p<.01$. On the item measuring need for hospitalization, male actors using feminine coping ($M=2.1$, $SD=1.8$) were seen as more disturbed than male actors using masculine coping ($M=1.4$, $SD=.86$), $F(1,144)=6.83$, $p<.05$, and as more disturbed than female actors using feminine coping ($M=1.5$, $SD=.86$), $F(1,144)=5.84$, $p<.05$. There were no other significant differences among groups on either of the individual items.

The four individual items for which significant effects were not found were those measuring the script actor's level of distress, need for help from a friend, need for help from a doctor, and overall emotional adjustment.

Hypothesis 2

The second hypothesis predicted that gender-inconsistent coping would elicit ratings of more personal rejection than would gender-consistent coping. Dependent variables used to test this hypothesis were five individual questionnaire items measuring the subjects' willingness to interact with the script actor in a variety of social contexts, and two items measuring subjects' estimates of the script actor's popularity. All seven individual items used ratings on a nine-point scale, with higher scores indicating more rejection. In addition, an overall measure of personal rejection was computed by summing scores from the seven individual items, and was used in the analysis. The overall measure of personal rejection was found to be a scale with satisfactory internal consistency (Chronbach's $\alpha = .83$).

The interaction of script actor's sex and coping style was not significant for any of the measures of personal rejection. This lack of significant interactions fails to support the second hypothesis. There was, however, a significant three way interaction (of script actor's sex, coping style, and subject's sex) on the item measuring willingness to introduce the script actor to friends, $F(1,144)=8.38$, $p<.01$, and marginal significance on the item measuring willingness to invite the script actor home, $F(1,144)=3.78$, $p=.054$. Follow-up analysis of the willing-

ness to introduce item indicated that female subjects were more rejecting of actors using gender-inconsistent coping ($\underline{M}=4.98$, $\underline{SD}=1.87$) than of actors using gender-consistent coping ($\underline{M}=4.04$, $\underline{SD}=1.86$), $\underline{F}(1,114)=6.19$, $\underline{p}<.05$. In addition, female subjects were more rejecting of actors using gender-inconsistent coping ($\underline{M}=4.98$, $\underline{SD}=1.87$) than were male subjects ($\underline{M}=3.86$, $\underline{SD}=2.00$), $\underline{F}(1,114)=5.98$, $\underline{p}<.05$. Overall, the results do not support the second hypothesis. On two individual items, however, there was a pattern where gender-inconsistent coping elicited ratings of more personal rejection from female subjects but not from male subjects.

Hypothesis 3

The third hypothesis predicted that gender-inconsistent coping would elicit ratings of poorer social role functioning than would gender-consistent coping. Dependent variables were three individual questionnaire items measuring the script actor's level of functioning in a variety of social roles. Items were measured using nine-point scales, with higher scores indicating poorer functioning. In addition, an overall measure of social role functioning was computed by summing the scores from the three individual items, and was used in the analysis. The overall measure of social role functioning was found to be a scale with satisfactory

internal consistency (Chronbach's $\alpha = .62$).

The interaction of script actor's sex and coping style was not significant for any of the variables measuring social role functioning, nor was the three way interaction of script actor's sex, coping style, and subject's sex significant for any variables. This lack of significant effects fails to support the third hypothesis.

Hypothesis 4

The fourth hypothesis predicted that gender-inconsistent coping would elicit ratings of poorer prognosis than would gender-consistent coping. Dependent variables used to test this hypothesis were two individual questionnaire items measuring prognosis on a nine-point scale, with higher scores indicating worse prognosis, and an open ended question asking subjects to estimate how many months it would take the script actor to get over his or her problems. In addition, an overall measure of prognosis was computed by summing the scores from the three individual items and was used in the analysis. The overall measure of prognosis was found to be a scale with satisfactory internal consistency (Chronbach's $\alpha = .49$).

The interaction of script actor's sex and coping style was not significant for any of the variables measuring prog-

nosis, nor was the three way interaction of script actor's sex, coping style, and subject's sex significant for any variables. This lack of significant effects fails to support the fourth hypothesis.

Hypothesis 5

The fifth hypothesis predicted that subjects with more strongly sex-typed attitudes regarding sex roles would give more negative ratings in all four areas (adjustment, personal rejection, social role functioning, and prognosis) for gender-inconsistent coping than would subjects with less strongly sex-typed attitudes regarding sex roles. Subjects were classified as being either high or low on sex-typed attitudes based on their responses to the PAQ in the following way. Scores were computed for each subject's ratings of the ideal man and the ideal woman on the Masculinity-Femininity scale of the PAQ. This scale was used because it contains only items which are generally seen as socially desirable for one sex but not for the other, and therefore it provides a more sensitive measure of sex-typed attitudes than either the Masculinity or the Femininity scale. This scale is scored such that higher scores represent ratings of higher masculinity and lower scores represent ratings of higher femininity. Each subject's rating of the ideal woman

was subtracted from his or her rating of the ideal man, providing a direct measure of how differently the ideal man and ideal woman were viewed by each subject. The greater this difference was, the more stereotypically sex-typed the subject's attitudes were assumed to be. A median split was then performed on these difference scores, with subjects whose scores fell below the median classified as low on sex-typed attitudes and subjects whose scores fell above the median classified as high on sex-typed attitudes.

PAQ Masculinity-Femininity difference scores were analyzed using a 2 x 4 analysis of variance with subject's sex and experimental group as the independent variables. The four levels of experimental group corresponded to the four conditions in the interaction of actor's sex and coping style. This analysis was done to insure that the four experimental groups did not differ in the degree of subjects' sex-typed attitudes.

The analysis indicated that there were no significant differences in group means for PAQ difference scores. The overall mean was 3.18 (SD=3.99). For the experimental groups the means were as follows: Group 1 (male actor/masculine coping) M= 2.26, SD=3.10; Group 2 (male actor/ feminine coping) M=4.24, SD=4.58; Group 3 (female actor/masculine coping) M=3.00, SD=3.16; and Group 4 (female actor/feminine coping) M=3.24, SD=4.73 (Table 2). There was, how-

Table 2

Group Means for PAQ Difference Scores

| <u>Sex of Subject</u> | <u>Experimental Group</u> | | | | <u>Totals</u> |
|-----------------------|--|---|--|---|---------------|
| | <u>Male Actor</u> <u>Masc. Coping</u> | <u>Male Actor</u> <u>Fem. Coping</u> | <u>Female Actor</u> <u>Masc. Coping</u> | <u>Female Actor</u> <u>Fem. Coping</u> | |
| Male | 2.93 | 5.63 | 5.36 | 4.19 | 4.53 |
| Female | 1.83* | 3.23* | 1.63* | 2.55* | 2.29* |
| Totals | 2.26 | 4.24 | 3.00 | 3.24 | 3.18 |

* Scores for females differ from scores for males, $p < .001$

ever, a significant difference between the mean difference score for male subjects ($\underline{M}=4.52$, $\underline{SD}=3.65$) and the mean difference score for female subjects ($\underline{M}=2.29$, $\underline{SD}=3.97$), $\underline{F}(1,144)=12.08$, $\underline{p}<.001$. The higher mean score for males indicates that they held more highly sex-typed attitudes than did females.

Following the 2×4 analysis of variance of PAQ Masculinity-Femininity difference scores, subjects were classified as either high or low in sex-typed attitudes according to a median split procedure. Subjects whose difference scores were three or greater ($\underline{N}=76$; $\underline{M}=6.18$, $\underline{SD}=3.37$) were classified as high on sex-typed attitudes. Subjects whose difference scores were two or less ($\underline{N}=76$; $\underline{M}=.18$, $\underline{SD}=1.58$) were classified as low on sex-typed attitudes. Among male subjects, 41 were classified as high on sex-typed attitudes ($\underline{M}=6.29$; $\underline{SD}=3.10$) and 20 were classified as low on sex-typed attitudes ($\underline{M}=.90$; $\underline{SD}=1.17$). Among female subjects, 35 were classified as high on sex-typed attitudes ($\underline{M}=6.05$; $\underline{SD}=3.70$) and 56 were classified as low on sex-typed attitudes ($\underline{M}=-.08$; $\underline{SD}=1.64$). A summary classifications based on PAQ results appears in Table 3.

In order to test the fifth hypothesis, subjects' ratings under each of the first four hypotheses were analyzed using 2×2 analyses of variance, with subject's level of sex-typed attitudes (high or low) and gender-consistency of

Table 3

Means for PAQ Difference Scores for Subjects Classified
as High and Low on Sex-Typed Attitudes

| <u>Sex of Subject</u> | <u>Strength of Sex-Typed Attitudes</u> | |
|---------------------------|--|----------------|
| | <u>High</u> | <u>Low</u> |
| Male | 6.29 (N=41) | .90 (N=20) |
| Female | 6.05 (N=35) | -.08 (N=56) |
| Totals | 6.18 (N=76) | .18 (N=76) |

coping style (consistent or inconsistent) as independent variables. Among the measures of emotional adjustment (Hypothesis 1), the interaction of level of sex-typed attitudes and gender-consistency of coping style was significant for one of the individual questionnaire items, that measuring overall emotional adjustment. Follow up comparison of cell means indicated that the only significant difference was that subjects who were high on sex-typed attitudes rated actors using consistent coping as better adjusted ($M=5.37$, $SD=1.73$) than did subjects who were low on sex-typed attitudes ($M=6.24$, $SD=1.37$), $F(1,148)= 5.97$, $p<.05$.

There were no significant interactions of level of subject's sex-typed attitudes and gender-consistency of coping for any of the variables measuring personal rejection (Hypothesis 2).

Among items measuring social role functioning (Hypothesis 3) there was one significant interaction of level of subject's sex typed attitudes and consistency of coping, on the item measuring the script actor's functioning as a dating partner, $F(1,148)=4.16$, $p<.05$. In addition, the overall measure of social role functioning approached significance for this interaction, $F(1,148)=3.73$, $p=.055$. Follow-up analysis of the measure of functioning as a dating partner showed that subjects who were low on sex-typed attitudes rated actors coping consistently ($M=7.2$, $SD=1.19$) as

functioning worse than actors coping inconsistently ($M=6.5$, $SD=1.05$), $F(1,148)=5.05$, $p<.05$. Subjects who were high on sex-typed attitudes, however, did not differentiate between consistent and inconsistent coping. In addition, subjects who were high on sex-typed attitudes rated actors using consistent coping as functioning better ($M=6.4$, $SD=1.54$) than did subjects who were low on sex-typed attitudes ($M=7.2$, $SD=1.19$), $F(1,148)=6.72$, $p<.05$. Although the differences were not significant, the overall measure of social role functioning showed a trend in the same direction as the results described above.

Among the items measuring prognosis (Hypothesis 4) the interaction of level of sex-typed attitudes and gender-consistency of coping was significant for the individual item measuring how effective the script actor's coping efforts would be, $F(1,148)=4.74$, $p<.05$. Follow-up analysis of this interaction showed that subjects who were low on sex-typed attitudes rated inconsistent coping ($M=4.79$, $SD=1.72$) as more effective than consistent coping ($M=5.54$, $SD=1.69$), $F(1,148)=3.9$, $p<.05$. Subjects who were high on sex typed attitudes, however, did not differentiate between gender-consistent and gender-inconsistent coping. In addition, subjects who were high on sex-typed attitudes rated gender-consistent coping ($M=4.77$, $SD=1.42$) as more effective than did subjects who were low on sex-typed attitudes ($M=5.54$,

SD=1.69), F(1,148)=4.5, p<.05.

Overall, these results provide only partial support for the fifth hypothesis. Although all significant differences and non-significant trends were in the predicted directions, these effects were found in only a few of the individual measures and were found in only three of the four areas of interest.

Other Effects

Post-hoc analyses were performed on the perceived appropriateness of the script actor's coping efforts in order to help clarify the interpretations of other results. That is, if gender-inconsistent coping was perceived as less appropriate than gender-consistent coping, then any predicted effects which did occur could be attributed with more confidence to this factor. Two items were used in these analyses. Each item used a nine-point scale on which higher scores represent ratings of lower appropriateness. The first of these items asked subjects to rate how appropriate the script actor's coping efforts were, and the second asked subjects to rate how much better off the script actor would be with another approach. On the first item, the feminine coping style (M=3.19, SD=1.90) was rated as more appropriate than the masculine coping style (M=4.26, SD=1.88) regardless

of the script actor's sex, $F=42.62$, $p<.001$. Likewise, on the second item, actors using the feminine coping style were seen as benefitting less from another approach ($M=4.55$, $SD=1.91$) than were actors using the masculine coping style ($M=6.09$, $SD=1.93$), $F=24.52$, $p<.001$. Thus, on both items it was the masculine coping style, not gender- inconsistent coping that was seen as relatively inappropriate.

In the original $2 \times 2 \times 2$ analysis of variance, there were several other effects worth noting. Actors using the feminine coping style were rated as having a better overall prognosis ($M=12.12$, $SD=3.99$) than actors using the masculine coping style ($M=14.78$, $SD=4.94$), $F(1,144)=13.35$, $p<.001$. Actors using the feminine coping style were also seen as coping more effectively ($M=4.61$, $SD=1.52$) than actors using the masculine coping style ($M=5.59$, $SD=1.63$), $F(1,144)=14.69$, $p<.001$. In addition, actors using the feminine coping style were seen as more likely to get over their problems ($M=3.59$, $SD=2.01$) than were actors using the masculine coping style ($M=4.83$, $SD=1.94$), $F(1,144)=15.09$, $p<.001$.

In contrast to the perception that the feminine coping style is more effective prognostically, actors using the feminine coping style were seen as functioning more poorly overall in social roles ($M=21.55$, $SD=2.71$) than were actors using the masculine coping style ($M=20.53$, $SD=2.94$), $F(1,144)=5.22$, $p<.05$. On individual items measuring social

role functioning, actors using feminine coping were seen as functioning worse in activities outside of school ($\underline{M}=7.46$, $\underline{SD}=1.16$) than were actors using masculine coping ($\underline{M}=6.92$, $\underline{SD}=1.45$), $F(1,144)=6.45$, $p<.05$.

The sex of the subject significantly effected ratings of how much the script actor was in need of help from a doctor, with female subjects having rated script actors as more in need of professional help ($\underline{M}=4.87$, $\underline{SD}=1.96$) than did male subjects ($\underline{M}=4.16$, $\underline{SD}=1.79$), $F(1,144)=5.51$, $p<.05$.

Summary of Results

Preliminary analyses showed that subjects did perceive the masculine coping style to be more masculine than the feminine coping style. The first hypothesis was supported and the second hypothesis was partially supported by the results. The third and fourth hypotheses received no support, while the fifth hypothesis received partial support. Script actors using the feminine coping style were rated as functioning more poorly in social roles, but were also rated as having better prognoses. Post-hoc analyses showed that subjects did not rate gender-inconsistent coping as less appropriate than gender-consistent coping.

CHAPTER V

DISCUSSION

Gender-inconsistent Coping and Perceptions of Adjustment

The results supported the prediction that gender-inconsistent coping would elicit ratings of poorer adjustment than would gender-consistent coping. On the overall measure of adjustment, mean ratings for script actors coping with gender-consistent styles fell at the exact midpoint of the range of possible scores. This indicates that they were perceived as average in emotional adjustment. Mean ratings of script actors using gender-inconsistent coping fell above the midpoint, indicating that they were perceived as below average in emotional adjustment.

There was a clear difference between ratings of males who were coping inconsistently and females who were coping inconsistently. On all the items which measured emotional adjustment, males who coped with the feminine style were seen as more poorly adjusted than females who coped with the masculine style. While the difference between males who

coped inconsistently and females who coped inconsistently was not significant on any individual items, this difference was significant on the overall measure of adjustment. This appears to represent a relatively greater freedom for females than for males to deviate from stereotypic role behavior. This finding is consistent with the results of a study by Seyfried and Hendrick (1973) which found a relatively greater acceptance of women demonstrating masculine traits and behaviors than of men demonstrating feminine traits and behaviors. The fact that the masculine role is more highly valued and more socially desirable than is the feminine role (Rosenkrantz et al., 1968) is one possible explanation for the relatively greater freedom for women to be more like men.

It is important to note that depressed males overall were not seen as more poorly adjusted than depressed females, as had been found by Hammen and Peters (1977). Instead, it was only depressed males who were coping with the feminine coping style who were seen as more disturbed than other groups. Depressed males using masculine coping were seen as average in emotional adjustment. Thus, the way in which a person copes with depression is clearly an important factor in determining how others will perceive his or her emotional adjustment.

Gender-inconsistent Coping and Personal Rejection

The results did not provide strong support for the prediction that gender-inconsistent coping would elicit more personal rejection than would gender-consistent coping. The predicted effect was found only among female subjects on two of the seven individual items, and on one of these there was a trend rather than a significant effect. One important factor in interpreting these results is the content of the items used to measure personal rejection. These items covered a wide range of interpersonal situations from extremely brief and superficial contacts (e.g., to meet the script actor) to much more lengthy and intimate involvements (e.g., to invite the script actor home). The item for which there was significance was one of the two most involved interactional contexts (i.e., to introduce the script actor to friends). The item for which there was a trend toward significance described the other most involved interactional context (i.e., to invite the script actor home). This would suggest that gender-inconsistent coping might elicit greater personal rejection not in casual or superficial social contexts, but only when greater involvement or intimacy is implied in an interaction.

The fact that female subjects but not male subjects tended to reject actors coping inconsistently is puzzling, and cannot be explained with certainty at this time. The

most obvious explanation would be that females are less accepting of deviations in prescribed sex role behaviors than are men. This hypothesis, however, is inconsistent with the results of this study in that females were found to have scored significantly lower on the measure of sex-typed attitudes (PAQ difference scores) than were males. In addition, lower PAQ difference scores were associated with greater acceptance of gender-inconsistent coping on several other dependent measures used in this study. It does appear, however, that females may be less accepting of deviations from prescribed sex role behaviors in the specific area of interpersonal interactions than are males. This would be an important hypothesis to study further, since it would differ from the finding of Costrich et al. (1975) that males were less accepting of deviations from stereotypic sex role behaviors than were females in task oriented group settings. Thus, it may be that males and females have differing degrees of acceptance of deviations from prescribed sex role behaviors depending on the specific situational context.

Gender-inconsistent Coping, Role Functioning, and Prognosis

There was a lack of any support for the predictions that gender-inconsistent coping would elicit ratings of poorer social role functioning (Hypothesis 3) and ratings of poorer prognosis (Hypothesis 4) than would gender-consistent coping. Instead, there was a powerful effect for coping style regardless of the sex of the script actor in each of these two areas. This clearly shows that in subjects' judgments of social role functioning and of prognosis, the actual behaviors described were seen as more relevant than was adherence to sex role stereotypes. In these areas, it was how a script actor coped that was seen as important; whether or not the coping efforts were consistent with the actor's prescribed sex role stereotype was not seen as important.

These results differ from those found in the areas of emotional adjustment and personal rejection, where the gender-consistency of coping was clearly a relevant factor. One possible reason for this difference is that subjects may have responded more emotionally in judgments about emotional adjustment and personal rejection, while responding more intellectually in judgments about social role functioning and prognosis. The finding that subjects did not rate gender-inconsistent coping as less appropriate than gender-consistent coping is consistent with this explanation. That

is, given the current social climate, college students may approve of gender-inconsistent behavior on an intellectual level. Intellectually, they may be able to understand that gender-inconsistent behavior is acceptable and that it may even be helpful in some situations. On an emotional level, however, subjective biases may come into play in subtle ways, e.g., in influencing how one's friends are chosen. In areas calling for more intellectual judgments, then, subjects may have responded without any bias against gender-inconsistent behavior. In areas calling for more emotional judgments, however, the predicted bias against gender-inconsistent behavior may have had an influence.

Perhaps the most important finding in these areas was that the feminine coping style was perceived as being related to poorer functioning in social roles, but that it was also related to better prognosis. The converse of this also applies, i.e., that the masculine coping style was perceived to be related both to better social role functioning and to poorer prognosis. This apparent contradiction is easily resolved when considered more closely. Subjects seemed to believe that in order to get over his or her problems in the long run, the script actor would need to behave in ways that would negatively affect social role functioning in the short run (e.g., cry, express feelings). On the other hand, behaviors that might allow social role function-

ing to continue unaffected in the short run (e.g., keep busy) would undermine the actor's ability to get over the problems eventually.

While this inverse relationship between social role functioning and prognosis relative to each of the coping styles makes intuitive sense from a clinical perspective, it also implies that depressed individuals may find themselves in a dilemma. The masculine coping style is perceived as masculine and as helpful to maintaining current functioning, but it is also seen as an inappropriate and ineffective way to cope with depression. The feminine coping style, while seen as feminine and as an appropriate and helpful way to cope with depression, is also seen as impacting negatively on current functioning. In effect, a depressed person may be caught between his or her wish to continue functioning effectively and his or her wish to get over the depression. This dilemma would be especially problematic for depressed males because of the relatively greater importance of adequate functioning in instrumental areas (e.g., school, hobbies) in the masculine role (Broverman et al., 1972; Deaux, 1976). To cope with depression in what is perceived as a helpful and appropriate way, a male would not only need to adopt behaviors perceived as feminine, but would also need to endure a decline in social role functioning which might further threaten his sense of masculine identity. These

observations are consistent with previous research which found that males are less likely to express and to seek help for depression (e.g., Funabiki et al., 1980; Kleinke et al., 1982; Padesky & Hammen, 1981). In addition, they bring to light an additional factor in understanding why males are less likely than females to seek help for depression, i.e., the threat of a decline in social role functioning.

Sex-typed Attitudes and Gender-Inconsistent Coping

The results provided partial support for the prediction that subjects who were high on sex-typed attitudes would give more negative ratings in the four areas of interest than would subjects who were low on sex-typed attitudes. In the areas of emotional adjustment, social role functioning, and prognosis there was some effect of the strength of subjects' sex-typed attitudes, with the strongest effect in the area of social role functioning.

While all significant effects were consistent with the prediction, it is interesting to note that in general it was subjects who were low on sex-typed attitudes who gave differing ratings to gender-consistent and to gender-inconsistent coping. Subjects who held more strongly sex-typed attitudes did not give more negative ratings to gender-inconsistent coping than to gender-consistent coping.

Instead, subjects who were low on sex-typed attitudes gave more negative ratings to actors using gender-consistent coping, thus endorsing deviations from prescribed sex role behaviors and sanctioning the adherence to prescribed sex roles.

In interpreting these findings, it is important to consider that the urban undergraduate population used in this study is likely to have held more liberal attitudes regarding sex roles than would be true of the general population. If replicated with subjects from working class adult or rural populations, for example, subjects would be likely to have more strongly sex-typed attitudes, and this would in turn be likely to influence the results. Thus, the finding that subjects who were high on sex-typed attitudes did not discriminate between gender-consistent and gender-inconsistent coping should not be extended to the general population until further research is done with different subject populations.

Conclusions and Suggestions for Future Research

The overall purpose of this study was to determine whether sex role stereotypes play a causal role in the development of the masculine and the feminine coping styles that are observed in depression. Toward that end, the study

was designed to determine whether negative interpersonal consequences are in fact given when a depressed person makes coping efforts that are inconsistent with his or her gender's stereotype. The results indicated that gender-inconsistent coping did elicit negative interpersonal responses in some areas, but that it was not the primary factor in determining the response of others in all areas. Based on these results, it appears that sex role stereotypes may play some role in the development of gender-specific coping styles, but that other factors may be more important in determining how coping efforts are modified over time as a result of interpersonal feedback. One such factor, which is suggested by these results, is the perceived effectiveness of coping efforts.

The failure of these results to provide stronger support for the hypotheses of the study may have been due in part to several methodological limitations in the study. First, the population used was not representative of the general population and may have differed significantly from the general population on the important dimension of sex-typed attitudes. Even within the undergraduate population used, female subjects heavily outnumbered male subjects. This too may have biased the subject population toward less strongly sex-typed attitudes, given that females were found to be significantly lower than males in sex-typed attitudes.

Another methodological limitation that may have influenced the results was the use of written descriptions of the actor, rather than using live interactions or videotapes showing the actor. Although the written descriptions did provide a strong enough sense of the actor's gender so that many significant effects were found, the opportunity for subjects to see the script actor may have allowed for stronger and more pervasive effects to emerge. This speculation is supported by the conclusion of Deaux and Lewis (1984) that physical appearance was the single most important component of gender stereotypes, outweighing even gender label (i.e., "male " or "female") in its influence on perceptions of others. A subject's response to the coping of a depressed person in a live interaction, or even after viewing a videotape of that person may be very different from his or her response to a written description. Related to this methodological limitation is the possibility that a subject's actual behaviors in responding to a depressed person's coping efforts may be very different from his or her written self report of how he or she would respond. Despite the safeguard of anonymity, subjects may have hesitated to express negative or critical reactions they may have had in an effort to present themselves in a socially desirable light.

Future research that is done in this area should obvi-

ously take into account the methodological limitations described above, and if possible it should employ more naturalistic techniques such as live interactions. Replicating this study with more diverse subject populations would allow for more generalizable conclusions.

In addition, more research is needed to better understand which components of each of the coping styles are seen as most helpful and effective. This is an important question because perceived effectiveness of coping efforts seems to be an important factor in determining how others will respond to coping efforts. The various coping behaviors probably do not all carry equal weight in determining the response of others. For example, the analysis of subjects' open ended suggestions for other ways the script actor should cope showed an overwhelming emphasis on the importance of talking to someone else about the problems. Among the subjects who rated the masculine coping style, 85% of subjects who made suggestions recommended that the script actor talk to someone else. No other single coping behavior was suggested by more than 35% of subjects who responded. It appears that not talking to someone was the most important reason, and possibly the only reason that the masculine coping style was perceived as ineffective. The delineation of which coping behaviors are most important in determining another's response, and of what specific response is eli-

cited by each behavior would be an important contribution to the understanding of the interpersonal process involved in coping with depression.

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APPENDIX A

WRITTEN DESCRIPTIONS OF SCRIPT ACTORS

M. is an 18 year old freshman in college. In high school he was a good student, was well adjusted, and got along well with classmates. However, a couple of problems have developed since M. started college. He is finding the course work quite a bit more difficult than he had expected, and lately it seems like the woman M. has dated since high school has lost interest in their relationship.

For the past few weeks, M. has been feeling down. He is miserable about the way things have been going and he sometimes feels that things will never get any better. M. can't enjoy going out with friends or on a date because these gloomy feelings are impossible to shake. He has been trying to keep up with schoolwork, but is falling further and further behind; most of the time he gives up on schoolwork because of feeling so discouraged and pessimistic. A friend invited M. to have lunch the other day, but since he hasn't felt like eating lately and really has no appetite at all, M. declined the invitation. Often M. feels like there's no point in getting up in the morning, and in fact he has been staying in bed longer and longer each morning. It seems like he doesn't have any energy left for anything.

Since the problems M. has been having for the past few weeks have not gone away on their own, he has recently tried a number of ways to deal with these feelings. He feels that the stress of the current situation is mainly to blame for these feelings, and so M. decided to get away for a while and do some new and enjoyable things. He is also making an effort to go out and get together socially with groups of friends, but is determined not to bring down the mood of others by discussing problems and bad feelings. He does not feel it would be right to cry about these problems, even in private. M. feels that it will be best to handle these problems alone, by "toughing it out", keeping active and busy, and not dwelling on negative and depressing thoughts and feelings. In summary, M. feels that these problems are mainly due to current stress and he thinks they are best handled alone, not by crying about things but by getting away for a while and keeping busy.

M. is an 18 year old freshman in college. In high school he was a good student, was well adjusted, and got along well with classmates. However, a couple of problems have developed since M. started college. He is finding the course work quite a bit more difficult than he had expected, and lately it seems that the woman M. has dated since high school has lost interest in their relationship.

For the past few weeks M. has been feeling down. He is miserable about the way things have been going and he sometimes feels that things will never get any better. M. can't enjoy going out with friends or on a date because these gloomy feelings are impossible to shake. He has been trying to keep up with schoolwork, but is falling further and further behind; most of the time he gives up on schoolwork because of feeling so discouraged and pessimistic. A friend invited M. to have lunch the other day, but since he hasn't felt like eating lately and really has no appetite at all, M. declined the invitation. Often M. feels like there's no point in getting up in the morning, and in fact he has been staying in bed longer and longer every morning. It seems like he doesn't have any energy left for anything.

Since the problems M. has been having for the past few weeks have not gone away on their own, he has recently tried a number of ways to deal with these feelings. He feels to blame for feeling this way and so focuses on thoughts such as "Stop being depressed" and has tried to talk himself out of being sad. He has been writing in a journal to express his personal feelings, and he does not hesitate to "have a good cry". M. has also talked about these problems to a few close friends, and is thinking about going to see a counselor as well. M. has been turning to a few close friends for help and support in dealing with these negative and depressing thoughts and feelings. He feels that it will be best to talk these problems over with someone else, rather than trying to "tough it out" alone. In summary, M feels responsible for these feelings, but he thinks that leaning on others for help and support is the best way to handle these problems.

M. is an 18 year old freshman in college. In high school she was a good student, was well adjusted, and got along well with classmates. However, a couple of problems have developed since M. started college. She is finding the course work quite a bit more difficult than she had expected, and lately it seems like the man M. has dated since high school has lost interest in their relationship.

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For the past few weeks M. has been feeling down. She is miserable about the way things have been going and she sometimes feels that things will never get any better. M. can't enjoy going out with friends or on a date because these gloomy feelings are impossible to shake. She has been trying to keep up with schoolwork, but is falling further and further behind; most of the time she gives up on schoolwork because of feeling so discouraged and pessimistic. A friend invited M. to have lunch the other day, but since she hasn't felt like eating lately and really has no appetite at all, M. declined the invitation. Often M. feels like there's no point in getting up in the morning, and in fact she has been staying in bed longer and longer every morning. It seems like she doesn't have any energy left for anything.

Since the problems M. has been having for the past few weeks have not gone away on their own, she has recently tried a number of ways to deal with these feelings. She feels to blame for feeling this way and so focuses on thoughts such as "Stop being depressed" and has tried to talk herself out of being sad. She has been writing in a journal to express her personal feelings, and she does not hesitate to "have a good cry". M. has also talked about these problems to a few close friends, and is thinking about going to see a counselor as well. M. has been turning to a few close friends for help and support in dealing with these negative and depressing thoughts and feelings. She feels that it will be best to talk these problems over with someone else, rather than trying to "tough it out" alone. In summary, M. feels responsible for these feelings, but she thinks that leaning on others for help and support is the best way to handle these problems.

APPENDIX B

Questionnaire

Based on the description you have just read, please answer the following questions by circling the one number that best indicates your opinion. Please respond according to your reactions as a fellow student. You may refer back to the description as often as you need to in order to form your opinions.

1. How would you rate the degree of M.'s emotional distress?

| | | | | | | | | |
|----------|---|---|----------|---|---|------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| no | | | moderate | | | extremely severe | | |
| distress | | | distress | | | distress | | |

2. How likely is it that M. will be able to "shape up" and "get it together" without getting outside help with these problems?

| | | | | | | | | |
|-----------|---|---|------------|---|---|-----------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| extremely | | | moderately | | | extremely | | |
| unlikely | | | likely | | | likely | | |

3. How much does M. need to get help with these problems by talking them over with a friend?

| | | | | | | | | |
|----------|---|---|-----------|---|---|---------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| no need | | | some need | | | very great | | |
| for help | | | for help | | | need for help | | |

4. How much is M. in need of professional help (i.e., seeing a doctor or a therapist)?

| | | | | | | | | |
|-------------------|---|---|-------------------|---|---|---------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| no need for | | | some need for | | | very great need for | | |
| professional help | | | professional help | | | professional help | | |

5. How much is M. in need of being hospitalized?

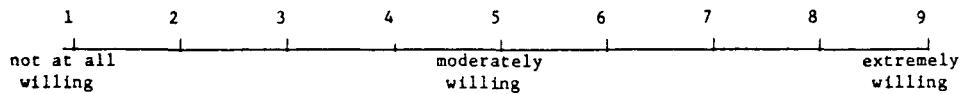
| | | | | | | | | |
|-----------------|---|---|-----------------|---|---|---------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| no need for | | | some need for | | | very great need | | |
| hospitalization | | | hospitalization | | | for hospitalization | | |

6. Overall, how would you rate M.'s current emotional adjustment?

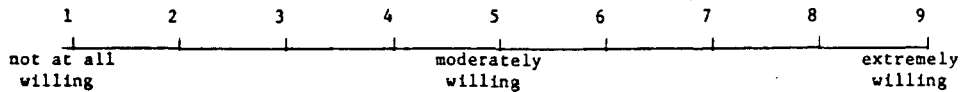
| | | | | | | | | |
|----------------|---|---|------------|---|---|----------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| extremely poor | | | fair | | | extremely good | | |
| adjustment | | | adjustment | | | adjustment | | |

7. How willing would you be:

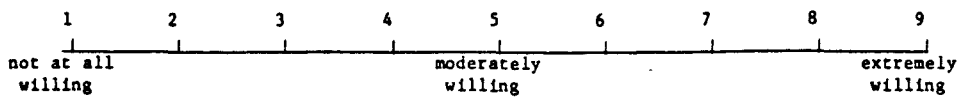
a) to meet M.?



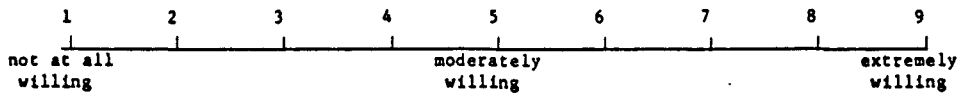
b) to sit beside M. on a 3 hour bus trip?



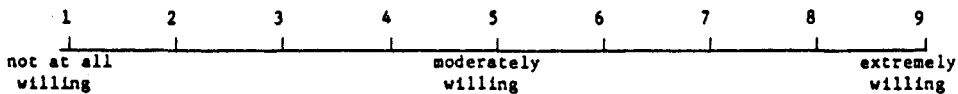
c) to seek personal advice from M.?



d) to invite M. to your home?

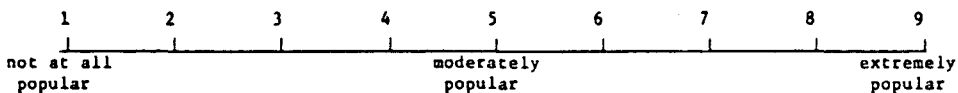


e) to introduce M. to your circle of friends?

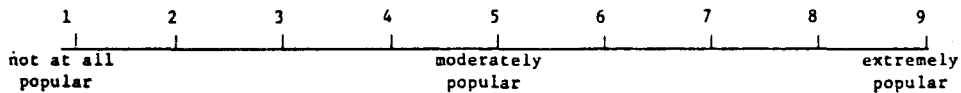


8. How popular would you judge M. to be:

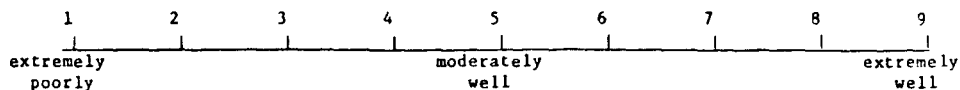
a) with friends of the same sex?



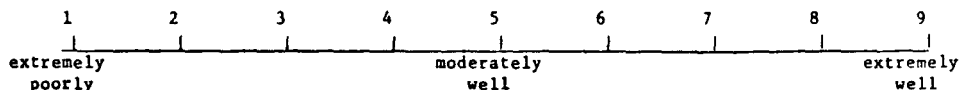
b) with the opposite sex?



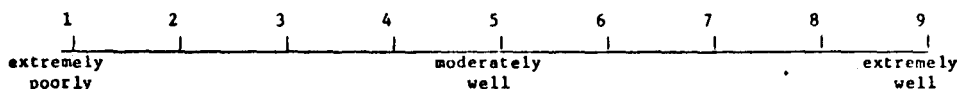
9. How well do you think M. is functioning as a student?



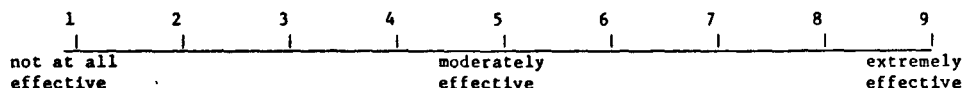
10. How well do you think M. is functioning in activities outside of school (e.g., in hobbies such as sports, music, or creative arts)?



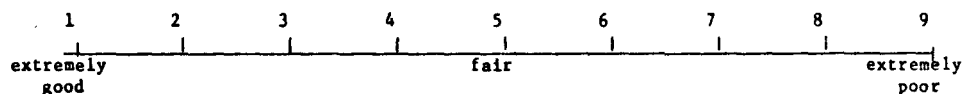
11. How well do you think M. would be able to function in the role of a dating partner?



12. How effective do you think M.'s attempts to deal with these problems will be?



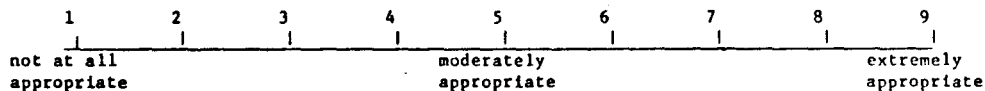
13. How would you rate M.'s chances of getting over these problems successfully?



14. How long do you think it will take M. to get over these problems (in number of months)?

_____ months

15. Given the nature of the problems, how appropriate are the ways M. has tried to deal with them (i.e., are they the right kind of things to try)?



16. Do you think M. would be better off approaching these problems some other way?

| | | | | | | | | |
|------------|---|---|------------|---|---|------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| not at all | | | somewhat | | | much | | |
| better off | | | better off | | | better off | | |

17. Please rate M.'s approach to dealing with these problems on the following dimensions:

| | | | | | | | | |
|--------|---|---|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| useful | | | | | | | | useless |

| | | | | | | | | |
|------|---|---|---|---|---|---|---|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| weak | | | | | | | | strong |

| | | | | | | | | |
|-----------|---|---|---|---|---|---|---|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| masculine | | | | | | | | feminine |

| | | | | | | | | |
|------|---|---|---|---|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| warm | | | | | | | | cold |

| | | | | | | | | |
|--------|---|---|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| active | | | | | | | | passive |

18. Briefly list any additional ways of dealing with these problems that you feel would be helpful for M. to try (if any):

Thank you for your cooperation!

APPENDIX C

Attributes Questionnaire

Instructions

The items on the questionnaire inquire about what you think the ideal man is like. Each item consists of a pair of characteristics, with the letters A - E in between. For example:

Not at all artistic A....B....C....D....E Very artistic

Each pair describes contradictory characteristics - that is, one cannot be both at the same time, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to choose a letter which describes where you think the ideal man would fall on the scale. For example, if you think the ideal man has no artistic ability, you would choose A. If you think the ideal man is pretty good artistically, you might choose D; if only medium, you might choose C, and so forth.

The ideal man is:

- | | | |
|--|-----------------------|--|
| 1. Not at all aggressive | A....B....C....D....E | Very aggressive |
| 2. Not at all independent | A....B....C....D....E | Very independent |
| 3. Not at all emotional | A....B....C....D....E | Very emotional |
| 4. Very submissive | A....B....C....D....E | Very dominant |
| 5. Not at all excitable in a major crisis | A....B....C....D....E | Very excitable in a major crisis |
| 6. Very passive | A....B....C....D....E | Very active |
| 7. Not at all able to devote self completely to others | A....B....C....D....E | Able to devote self completely to others |
| 8. Very rough | A....B....C....D....E | Very gentle |
| 9. Not at all helpful to others | A....B....C....D....E | Very helpful to others |
| 10. Not at all competitive | A....B....C....D....E | Very competitive |
| 11. Very home oriented | A....B....C....D....E | Very worldly |
| 12. Not at all kind | A....B....C....D....E | Very kind |
| 13. Indifferent to others' approval | A....B....C....D....E | Highly needful of others' approval |
| 14. Feelings not easily hurt | A....B....C....D....E | Feelings easily hurt |
| 15. Not at all aware of feelings of others | A....B....C....D....E | Very aware of feelings of others |
| 16. Can make decisions easily | A....B....C....D....E | Has difficulty making decisions |
| 17. Gives up very easily | A....B....C....D....E | Never gives up easily |
| 18. Never cries | A....B....C....D....E | Cries very easily |
| 19. Not at all self-confident | A....B....C....D....E | Very self-confident |
| 20. Feels very inferior | A....B....C....D....E | Feels very superior |
| 21. Not at all understanding | A....B....C....D....E | Very understanding of others |
| 22. Very cold in relations with others | A....B....C....D....E | Very warm in relations with others |
| 23. Very little need for security | A....B....C....D....E | Very strong need for security |
| 24. Goes to pieces under pressure | A....B....C....D....E | Stands up well under pressure |

Attributes Questionnaire

Instructions

The items on the questionnaire inquire about what you think the ideal woman is like. Each item consists of a pair of characteristics, with the letters A - E in between. For example:

Not at all artistic A....B....C....D....E Very artistic

Each pair describes contradictory characteristics - that is, one cannot be both at the same time, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to choose a letter which describes where you think the ideal woman would fall on the scale. For example, if you think the ideal woman has no artistic ability, you would choose A. If you think the ideal woman is pretty good artistically, you might choose D; if only medium, you might choose C, and so forth.

Attributes Questionnaire

The ideal woman is:

- | | | |
|--|-----------------------|--|
| 1. Not at all aggressive | A....B....C....D....E | Very aggressive |
| 2. Not at all independent | A....B....C....D....E | Very independent |
| 3. Not at all emotional | A....B....C....D....E | Very emotional |
| 4. Very submissive | A....B....C....D....E | Very dominant |
| 5. Not at all excitable in a major crisis | A....B....C....D....E | Very excitable in a major crisis |
| 6. Very passive | A....B....C....D....E | Very active |
| 7. Not at all able to devote self completely to others | A....B....C....D....E | Able to devote self completely to others |
| 8. Very rough | A....B....C....D....E | Very gentle |
| 9. Not at all helpful to others | A....B....C....D....E | Very helpful to others |
| 10. Not at all competitive | A....B....C....D....E | Very competitive |
| 11. Very home oriented | A....B....C....D....E | Very worldly |
| 12. Not at all kind | A....B....C....D....E | Very kind |
| 13. Indifferent to others' approval | A....B....C....D....E | Highly needful of others' approval |
| 14. Feelings not easily hurt | A....B....C....D....E | Feelings easily hurt |
| 15. Not at all aware of feelings of others | A....B....C....D....E | Very aware of feelings of others |
| 16. Can make decisions easily | A....B....C....D....E | Has difficulty making decisions |
| 17. Gives up very easily | A....B....C....D....E | Never gives up easily |
| 18. Never cries | A....B....C....D....E | Cries very easily |
| 19. Not at all self-confident | A....B....C....D....E | Very self-confident |
| 20. Feels very inferior | A....B....C....D....E | Feels very superior |
| 21. Not at all understanding | A....B....C....D....E | Very understanding of others |
| 22. Very cold in relations with others | A....B....C....D....E | Very warm in relations with others |
| 23. Very little need for security | A....B....C....D....E | Very strong need for security |
| 24. Goes to pieces under pressure | A....B....C....D....E | Stands up well under pressure |

APPROVAL SHEET

The dissertation submitted by Mary M. Pfeiffer has been read and approved by the following committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Date

Director's Signature

10/1/87

Thomas Petzel